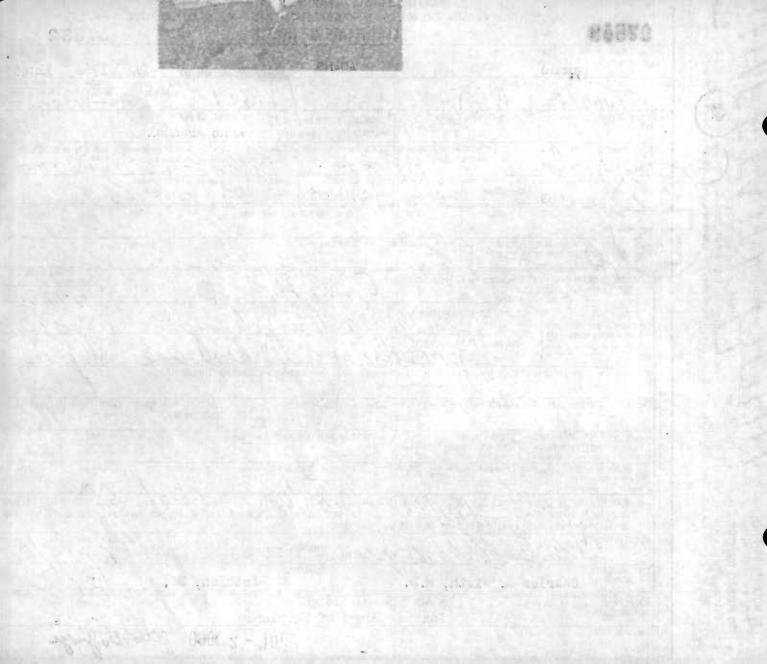
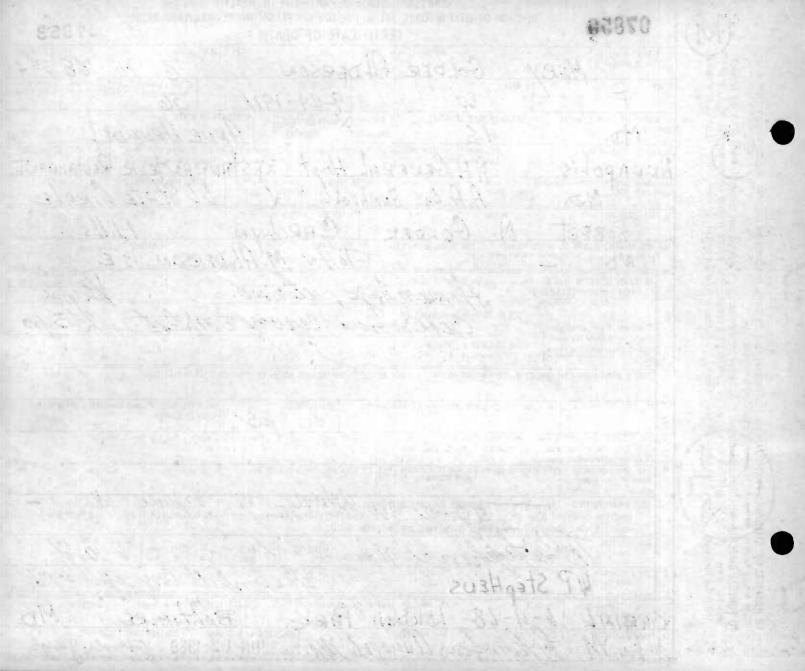
F		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07852										
	1. DE	CEASED-NAME Firs	i	Middle	Lost	20.	DATE OF DEATH		2b. HOURP			
	(1	ype or print) Fannie	9	. 8	ADAMS		June Month 21	1968 1968	11:45			
No.	3. SE		4. RACE Negr	0	S. DATE OF BI	1/88	6. AGE (In years last birthday)		IF UNDER 24 HRS. HOURS MIN.			
	7o. E	SIRTHPLACE (Stote or foreign try)	7b. CITIZEN OF WHAT CO	UNTRY?	8. MARRIED NEVER MAR WIDOWED DIVOR	KIEU]#	unty of DEATH ne Arundel		Md.			
3	10. C	maple	11. NAME ÓF give street o	HOSPITAL OR INST	TTUTION (If not in hospital	120. USUAL OCC	UPATION (Kind of work of working life even if retir	one 12b. KIND OF INDUSTRY	BUSINESS OR			
ショ	13o. odmi	USUAL RESIDENCE Where decersion) STATE	osed lived, if institution: Re 13b. COUNTY	A A	Harward	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBE	2517	7.047			
-	14. F	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MA	AIDEN NAME First	Midd	lle	Lost			
		WAS DECEASED EVER IN U.S. AF es, no, of unkpown) (If yes give	RMED FORCES? e war ar dates of service)	SOCIAL SECURITY NO	D. 17. INFORMANT		Addre	955				
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	(o), (b), ond (c).)	C.V.	27		APPROXII BETWEEN O	NATE INTERVAL NSET AND DEATH			
		Conditions, if ony, which gove	DUE TO, OR AS A CO	ONSEQUENCE OF	I arter	iosati	rose's	1101	10.			
		rise to immediate cause (o), stoting the underlying couse lost.	(0)	ONSEQUENCE OF	lines a	Tirins	Maris.	July	110			
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN AN PART I(o)	1				
2	CERTIFICATION	190. DATE OF OPERATION 198	o. CONDITION FOR WHICH OP	ERATION WAS PER	FORMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSIDERED IN C	RTIFYING			
	AL	21o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A.M. Mor	RY orth Doy Yeor	21c. HOW INJURY OCC		re of injury in Port 1 or Po	ort 2, Item 1B.)				
	ME		PLACE OF INILIRY / AT HO	ME, FARM, STREET, FACTI BUILDING, ETC.	ORY.) 21f. LOCATION Stree	or R.F.D. No.	City or Town	County	Stote			
		22o. I certify that (I) (t	his hospital) attended olive on ve, (i) (we) (did) (did r	4/68 19	opd that in the	y) (our) opinion	todeoth occurred on the	, 19 <u>6 0</u> , thot ne dote and hour				
		22b. SIGNATURE NO.	26-16-11	with	DEGREE ATTENDIN		OR STAFF PHYS.	22c. DATE SIGNED	5/68			
			les H. Wirth	M.D.	22e. ADD	RESS Loth	ian, Md.	20	820			
	230.	BURIAL, CREMATION, 23b REMOVAL (Specify)	. DATE		EMETERY OR CREMATORY Board of Ma		. LOCATION (City or Town)	(County)	(Stote)			
7	24.	FUNERAL DIRECTOR		ADDRESS	2001 4 02 116	250 REC'D BY REG	ISTRICOS 25hp COST	RAR'S SIGNATURE	4			

MARITAND STATE DELARIMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07853 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR funeral 1 and 2 ter death within 24 hours after death (Type or print) 200 DEF haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last by hay) DAYS HOURS MONTHS YRS 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [pappet Patta A 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR IO. CITY OR TOWN OF DEATH 0.6 burial, cremation, or remayal, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN A 13d INSIDE CHY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admissian) STATE 13b. COUNTY YES I NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle First Last pup physician c 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or Inknown) 13 APPROXIMATE INTERVAL TWEEN ONSET AND DEATH attending p 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [7] TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from It May 1968, to 10 Maile, 1968, that (1) _19 68, and that in (my) (our) opinian death accurred on the date and haur and fram the saw the deceased alive an causes stated above (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION 236. (County) 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Year (Type or Print) OF ESTI-6/23/ 1968 ROLLIN ANDERSON, JR. 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S. DATE OF BIRTH last birthday) Month June Year 168 white Feb. 13.1947 male 21 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED countralato., Md. 11.5.A. WIDOWED [DIVORCED | Anne Arundel County in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done Basedens Glen Burnie North Arundel Hospital during most of working life, even if retired.) with the 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130 CTYPE FORM 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 7 SYCAMORE Rd. la ry land TATE Antie Arundel RX XXXXXXXXXX YES NO X poges land 2 Office Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Anthony Rollin M. Anderson, Sr. Dorothy V. word "pending" in pencil in the Chief Medicol Exominer's hours within pencil i 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (Yes. na, or unknawn) " active duty (unknown) Mr. Rollin M. Anderson, Sr. Same As #13 within This certificate should be executed 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) permit. BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) used 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. YES KI NO I pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 3 should EXAMINER: MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. cremotion, 6/23 1968 subj. drowned UNK.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK Anne Arundel, Md. burial, 220. I certify that I took charge of the remains described above, held on Autopsy KI, Inspection Inquiry ond in my opinion Undetermined monner death resulted from: Notural couses . Accident X Suicide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 6/24/68 DEPUTY MEDICAL EXAMINER Spitz, **EXAMINER'S** Werner U. ro FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) the 23b. DATE 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) June 27,1968 Meadowridge Memorial Park Elkridge, RFD, Maryland Singleton Funeral Home Con BY Glen Burnie, Maryland DATE OF N 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR

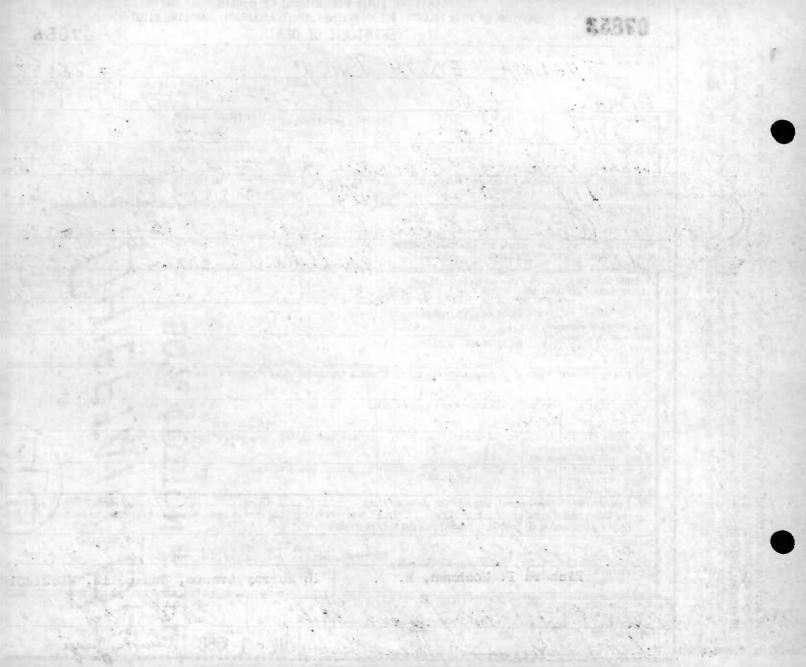
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07855 07852 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2a. DATE OF DEATH **DECEASED-NAME** (Type or print) requires that the death certificate be executed within 24 haurs after death 6. AGE (In years last brithody) 3. SEX 4. RACE S. DATE OF BIRTH IF UNCER 1 YEAR IF UNGER 24 HRS. MONTHS CIAYS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED A pa 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPLIAL OR INSTITUTION (If not in hospital INDUSTRY campletely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER event, L3c. CITY OR TOWN admission) STATE 13b. COUNTY burial, crematian, or removal, and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First and Middle Last APC physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVA attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND CEATH DUE TO, OR/AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the be detached far use as the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. be retained by the haspital OR CONTRIBUTING CAUSE OF GEATH Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City of Town State 21d. INJURY OCCURRED Caunty While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Page 1 to plesen 1958, and that in (my) (our) apinian death accurred an the date and havr and fram the saw the deceased alive andirectar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22 DATE SLGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO HOSPITAL EeKouw NAME (Type) ADCATION (City or Town (County) / (State) BURIAL, CREMATION 23b. DATE REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

2281 \$2300 C HAVE THE STATE OF STATE OF THE PROPERTY OF THE P MARKET CHAPTERS HARRESTER OF THE CONTRACTOR THE CANADA SECTION OF THE SECTION OF

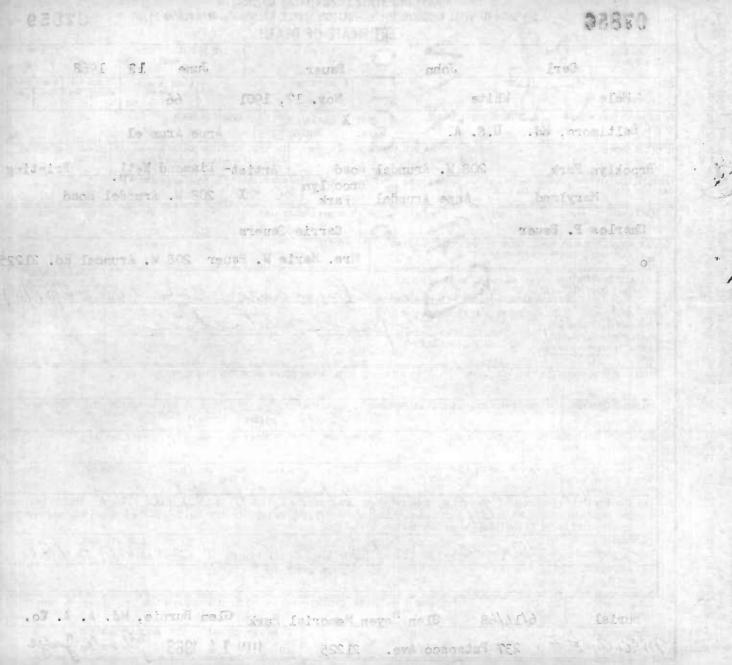
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	04036	CERTIFICATE OF DEATH	07856				
		Last 2a. DATE OF D					
(pe or print) THEI MIA FN	TH RAFP	Manth Day 7 Year 8 6 Am				
3 5	1 PACE	S DATE OF RIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
3. 3	Trans - 1.0 A	9-25-20	lost highday) MONTHS DAYS HOURS MIN.				
-	PEMITHE While	lo country of a	47 YRS.				
/a.	RTHPLACE (State or foreign /b. CITIZEN OF WHAT COUNTRY?	MAKKIED WEVER MAKKIED	RATH				
	THE USH		Md.				
10.	TY OR TOWN OF DEATH	OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (
1	VERNA VARK 5096	PANDIN W during mas a warking !	te, even if refired.)				
13a.	ISUAL RESIDENCE (Where deceased lived, if institution: Residence b	efare 13c, CITY OR LOWAY (13d, INSIDE CITY LIMITS? 13e, STRE	ET AND NUMBER				
adm	sian) STATE 13b. COUNTY	SEVERNA YES NO	og The O. Du-				
14.	THER'S NAME TITLE MISSER		Middle Last				
	(1) to fee Ct		Kennel				
160	MAS DECEASED EVED IN HIS ADMED EDDCESS LIAB SOCIAL SEC	IDITUNO LIZ INFORMANTA	Address				
100	s, no, of unknown) (If yes give war or dates of service)	M. D. D. OP	1 Dome				
	NO	My readile	APPROXIMATE INTERVAL				
	18. CAUSE OF DEATH (Enter only one cause per line, far (a), (b), a	nd (c).)	BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	osar court	about 5 months				
		TE OF					
1	Canditians, if any, which gave \		7.39				
1	use to tillinediate (ause (a),	CE OE	ALC: UNIVERSITY OF THE PARTY OF				
	stating the andenying cause	CE OF					
	, (0	DUY NOT DELATED TO THE TERMINAL DISCLES OF CONDITION OWEN	IN DADT 1/ A				
			IN PART I(0)				
S							
3		CAUCEC	YES, WERE FINDINGS CONSIDERED IN CERTIFYING				
E	3/12/68 Leiomyosancoma	YES NO					
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY		in Part 1 ar Part 2, Item 18.)				
2	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH Day						
A A	21d INILIRY OCCURRED 121e PLACE OF INILIRY (AT HOME, FARM, ST		r Tawn County State				
	While Not while						
		coosed from 1 15 19 68 to	6/27 , 1968 , that (I) (we) lost				
1 .	saw the deceased alive on	1968, and that in (my) (our) apinian death as					
	causes stoted obove, (I) (w) (did) (did not) view	the body ofter deoth.					
	22b. SIGNATURE		22c. DATE SIGNED				
	Kindowell Harley	DEGREE PHYS DIRECTOR	STAFF PHYS. 0 6/22/60				
	22d PHYSICIAN'S TO See To The Transfer						
	NAME (Type) Richard I. Hochman,	M. D. 16 Murray Avenue	e, Annapolis, MD.21401				
00	AUDIT CORMATION 1021 DATE 1021 VA	AL OF CEMETERY OF CHEMATORY					
230		DE OF CEMETER I OK CREMINISKI	(City or Town) (Taunty) (State)				
1/2	mina 100 ta	ODES OF DECID BY DECISTABLE	2Sb. REGISTRAR'S SIGNATURE				
24.	MINERAL DIRECTOR	PRESS 250, REC'D BY REGISTRAR	Ochonia Quedas				
-							
	7a. BI Count 10. CI 13a. L Count 14. FA	I. DECEASED-NAME (Type or print) 3. SEX 7a. BIRTHRIACE (State or foreign country) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL give street address of demission) 13a. USUAL RESIDENCE (Where degreesed lived, if institution: Residence be 13b. COUNTRY) 14. FATHER'S NAME 15a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) 16b. SOCIAL SECT (If yes give war or dates of sensice) 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 19. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 10. CITY OR TOWN OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 10. CITY OR TOWN OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 10. COUNTRY: 10. CITY OR TOWN OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 10. COUNTRY: 10. CITY OR TOWN OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 11. TOWN OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION (C) 12. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY: 12. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), or PART 1	DECASED-NAME				



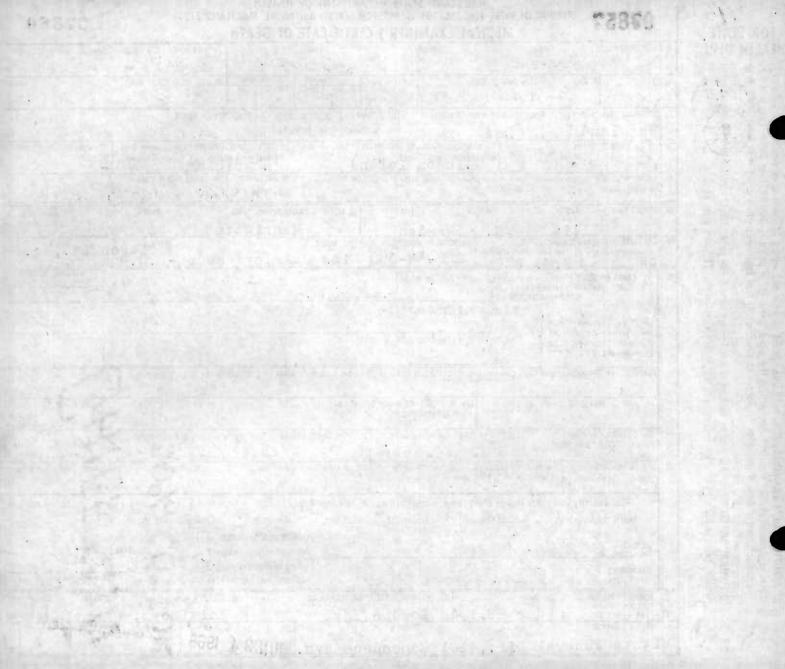
1	07854		DIVISION OF	VITAL RECORDS	, 301 W. F	PRESTON STREET, B	ALTIMORE, M	MARYLAND 2120			
						CATE OF DEAT			J - J	07857	
1	. DECEASED-NAME (Type or print)	First		Middle		Lost	2o. DATE	OF DEATH Month	Doy Yea	2b. HOUR	
		KATI	HERINE	B.		BAILEY	JUN	E	4 196		
3	. SEX		4. RACE				1896	6. AGE (In years lost birthday)	MONTHS D	EAR IF UNDER 24 HRS. DAYS HOURS MIN.	
1	FEMALE		WHI		1.	JUNE 19,		7 70 09	YRS.		
7	 BIRTHPLACE (State or country) 	foreign	7b. CITIZEN OF WH			NEVER MARRIED	9. COUNTY				
Ŀ	MARYLAN	D	USA		WIDOWED			ARUNDEL		M	
	GLEN BURNI	R	give s	ME OF HOSPITAL OR IN treet oddress) RTH ARUND	EL HOS	PITAL durin	ng most of work	ION (Kind of work ding life, even if retir	ed.) INDUSTR	D OF BUSINESS OR RY	
10	30. USUAL RESIDENCE (\ dmission) STATE MAR	/here deceose YT.AND	d lived, if instituti 13b. COUNTY	ion: Residence before		R TOWN 13d. INSIDE	NO.	STREET AND NUMBE			
Ī	4. FATHER'S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN NA		Midd		Lost	
	Freder	ick		Korn		Christina			Jud	dd	
	6o. WAS DECEASED EVEN Yes, no, or unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY		r. John G.		Addre			
F	NO	711.45				r. John G.	parray o	O FARLACE		PROXIMATE INTERVAL	
l	PART I. DEATH	WAS CAUSED	one couse per lin BY:	e for (o), (b), and (c).)				BETW	VEEN ONSET AND DEATH	
I	1/10	IMMEDIAT									
1	Conditions, if ony,	which gave	DUE TO, OR A	S A CONSEQUENCE OF	ASH'	D			- V 15		
	rise to immediate	couse (o),	(b)	S A CONSTOURNER OF		<i>y</i>					
1	stoting the under	ying cause		S A CONSEQUENCE OF					200		
I	_	NIEICANT COND	(c)	TING TO DEATH BUT A	NOT RELATED 1	O THE TERMINAL DISEASE	OR CONDITION (SIVEN IN PART 1(a)			
I	4701	TILLIAM COMP	M			1 chem	4 =	-			
1	190. DATE OF OPERA	TION 19b. CO	ONDITION FOR WHI	ICH OPERATION WAS P	9 1	20a. AUTOPSY?	201	. IF YES, WERE FINDI	NGS CONSIDERED	IN CERTIFYING	
	29					YES N		USES OF DEATH?			
				INJURY	21c. H	IOW INJURY OCCURRED		injury in Port 1 or Po	ort 2, Item IB.)		
	OR CONTRIBUTING [(If either, notify m	CAUSE OF DEATH	HOUR A.M.	Month Doy Yeo					No. Wat		
1		RED 21e. P	TACE OF INJURY			OCATION Street or R.F.I	D. No.	City or Town	County	Stote	
	While Not whi)	OFFICE BUILDING, ETC.	/	, , , ,		, 1 1,	0.		
1			haspital) afte	ended the deceas	sed fram_	5/29/68				that (I) (we) la	
	saw the d	eceased ali	ve an	3/6%	.19, ar	d that in (my) (aur) apinian dea	th accurred an th			
1		ned above,	(I) (we) (did)	(did not) view the	bady after	death.			20 2122 2121		
	22b. SIGNATURE	IN	Xa.	1/ annum	MI	ATTENDING N	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	4/1-8/	
	and Diversity	VV	100	000	4010	REE PHYS. 22e. ADDRESS		WN DRISE	1	1/10/	
	22d. PHYSICIAN'S NAME (Type)	0/	J.13	1KAMI	RE21	ZZe. ADDKESS		uputas 1	of sei	Juni /	
1	30. BURIAL, CREMATION	, 23b. D	ATE	23c. NAME OF	CEMETERY OF	CREMATORY	23d. LOC	ATION (City or Town)	(County)	(Stote)	
L	REMOVAL (Specify)	Jur	e 7, 196	8 Loudon	Park	Cem.		o. Md.			
	24. FUNERAL DIRECTOR		, , , , , , , , , , , , , , , , , , ,	ADDRES	5	25o. RE	C'D BY REGISTRA		RAR'S SIGNATURE		
1(G. Truman S	chwab :	DIZ Fred	erick Ave.	PSTEC	• PACE DATE	AIIN 1	1 1968	Cironele.	. Vandan	

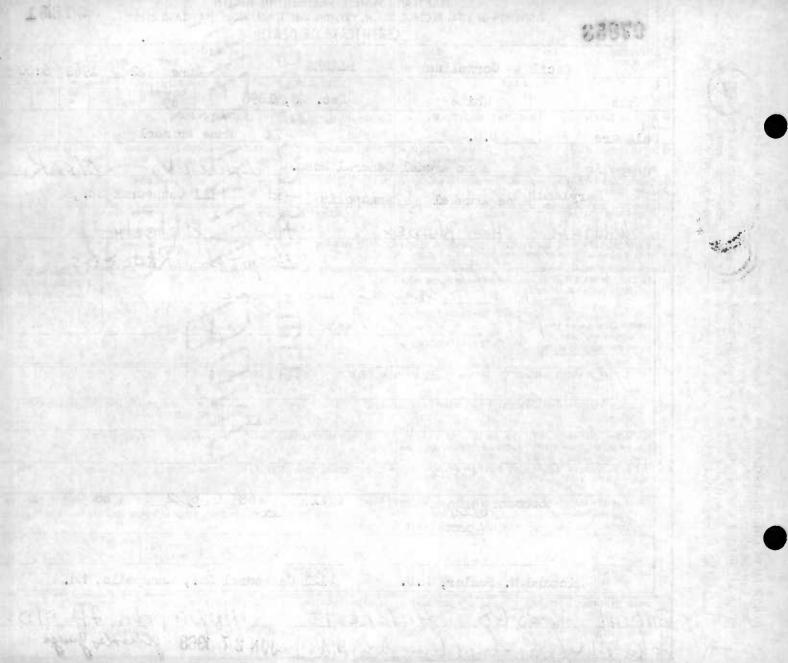
MAKTLAND STATE DEPAKTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 57880 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWN Lost Month Yeor 2b. HOUR (Type or Print) ESTIeor 4 e PM PM3. Poge DEATH MATED delay ond 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE PRONOUNCED DEAD 2d. HOUR puo last birthday) Doy 14 u NOV. 19. 159 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country aryland WIDOWED T DIVORCED USA Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done deoth 12b. KIND OF BUSINESS OR the Chief Medical Examiner's Office along with during most of working life, even if retired.) give street address) INDUSTRY 9, bsow Island land2 with the Island death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY BRITE CUNTER MACO YES NO ofter 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle Henrietta William Bawden Parker . = pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil be executed within bson (Yes, no, or unknown) (If yes give war or dates of service) Miss Shirley Bawden-P.O . Box File es APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c). BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (o), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D 00 or removol. 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street. 21f COCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry 4 ond in my opinion deoth resulted from Noturol couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 22.1968 Loudon Park Baltimore. Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Witzke Funeral Dir., 4101 Edmondson Ave. 10M REV. 1/

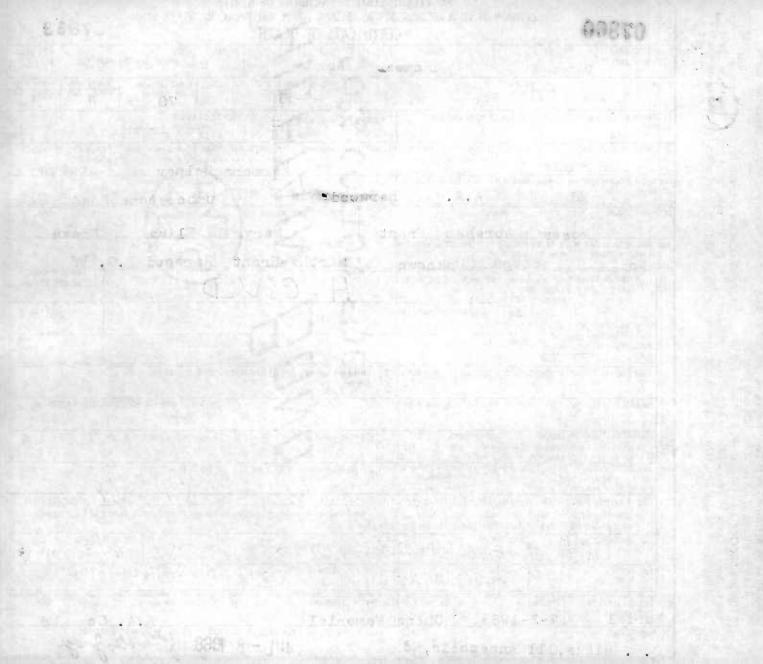


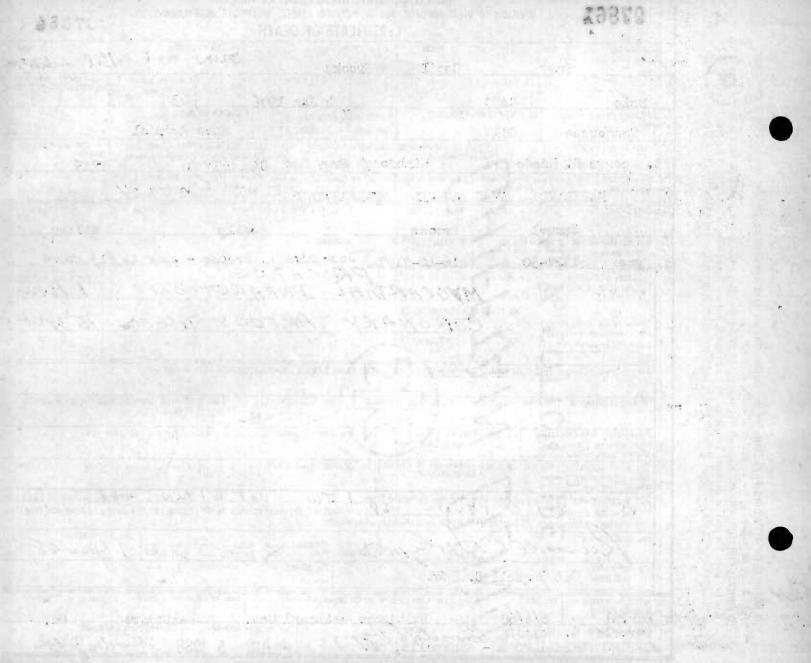


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death 2	1. DE	CEASED-NAME Ferdina ype or print)	**	Braeckl	ein 20.	DATE OF DEATH Month 24 Doy	68 Yeor 2b. HOUR 1 9: 40
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or and completely filled in by the Pst ase remove carbon popers. Pages to nd in any event, within 72 hours after	cour	^{try)} Md.	7b. CITIZEN OF WHAT COUNTRY? $\mathbf{U} \bullet \mathbf{S} \bullet \mathbf{A} \bullet$		RRIED 9. COL	NOTY OF DEATH A.A. Co.	Md.
with 54		TY OR TOWN OF DEATH Glen Burnie	give street parts !!		during most of President	UPATION (Kind of work done working life, even if retired) dent Art Pla	12b. KIND OF BUSINESS OR INDUSTRY C GLASS
event,	13o. odmi	USUAL RESIDENCE (Where deceose ssion) STATE Md.	led lived, if institution: Residence before 13b. COUNTY $\mathbf{A} \cdot \mathbf{A} \cdot \mathbf{C}$	oPasadena	13d. INSIDE CITY LIMITS? YES NO	322 Bar Hai	
	14. F	ATHER'S NAME First Albert B	Middle Lost Braecklein		Arie	Middle	Lost
5	160. Y	WAS DECEASED EVER IN U.S. ARM es, no unknown) (If yes give wo	AED FORCES? Ard ror dates of service) 28 0851		na Mildre		Kitmore RD.
מחוסי, מיפוויסיויסיי, טו יפוויסייםי,		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE O	mmer			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSTOUENCE O	[47]	AL DISEASE OR CONDITI	ION GIVEN IN PART 1(0)	0
X	CERTIFICATION	19o. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200. AUTO		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
0	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomin	HOUR A.M. Month Doy Yeo	r 19	CURRED (Enter notur	re of injury in Port 1 or Port 2, It	em 18.)
7	ME	While Not while at work	/.	1./01	et or R.F.D. No.	City or Town	County Stote
the Stat		220. I certify that (I) (this saw the deceased al couses stated above	is hospital) anended the deced live on (), e, (I) (we),(did),(did not) view in	sed fram, and that in (me body ofter deoth.	(00 , 19, ny) (aur) opinian	to <u>(1) / 29 / 6</u> , 19 death accurred on the dot	te and haur ond from the
Should be filed with the State Dept. of Health prior to		22b. SIGNATURE	J.D. RAMIA	EZ DEGREE PHYS.	DIRECTO	OR PHYS.	ATE SIGNED 1109
old be fi		22d. PHYSICIAN'S NAME (Type)	J.B. RAM	IREZ 22e. ADI	3171	Annapos!	le 21 prof
SIIO		BURIAL, CREMATION, 23b D	4 4 4 4	cemetery or crematory on Park Cer		ICTOAD OCH DECICTOAD'C	(County) (State) Maryland
(4) 1/68	24.		ER & SONS INC.		DATUL - 1	1968 Cliarle	y Judge

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	ofton
L 1968 Charles Judge	The total control of the control of

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07863 CERTIFICATE OF DEATH Eirst Middle Last 1. DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR death. death uneral (Type ar print) Month 29 Day 68 Year 9:45 Pu Brent 6 Thomas James requires that the death certificate be executed within 24 haurs after 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 3-3-98 Male Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Anne Arundel USA WIDOWED [DIVORCED | burial, cremation, ar remaval, and in any event, within 72 remove carban paper Md and campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Glen Burnie 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. 13d. INSIDE CITY LIMITS? **** 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY A . A . admission) STATE NO X Md Harwood : Cumberstone Road 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Ahraham Brent E1179 Brown Moses 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) Martha Brent Harwood P.O. Unknown ***** 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be retained by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta has been ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗆 YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e-PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the degrased from 1/27 saw the deceased alive on and that in (my) (aur) apinian death occurred an the date and haur and fram the director, page 3 shauld shauld be filed with the causes stoted above, (1)/(we) (did) (did not) view the body ofter deoth. 22b. SIGNATI **ATTENDING** 22e. ADDRESS 22d, PHYS NAME 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) BUP 1 (Specify) 7-3-1968 Chews Memorial Ca Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1968 C.E. Hicks. 111 Annapolis, Md





MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 77866 CERTIFICATE OF DEATH 2b. HOUR 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last death. 24 haurs after death Pages 1 and (Type ar print) **JOHNATHON** SCOTT BURNS Month June 6. AGE (In years last birthday) 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX MONTHS White 6 Ju ne 1968 Male illed in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign country) Mary land 8. MARRIED NEVER MARRIED 1 Anne Arundel USA WIDOWED [DIVORCED [Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most af warking life, even if retired.) give street address rough Army Hosp INDUSTRY None Ft Geo G. Meade mpretely, 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN crematian, or remaval, and in any event, 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATMaryland Prince Georges NO 🗔 YES Laurel 505 Schmear Road the attending physician and com sit permit. Then please remave requires that the death certificate be execut 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Gary E. Burns Elizabeth E. Birch 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknown) Garry Burns, 505 Schmear Rd, Laurel, Md None APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Respiratory BETWEEN ONSET AND DEATH Respiratory distress syndrome DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) Prematurity rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d far use as the af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES X NO 🗍 Yes 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year P.M. directar, page 3 shauld be detached shauld be filed with the State Dept. af 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town Caunty While Not while at wark 22a. I certify that \$\pi\$) (this haspital) attended the deceased from 6 June , 19 68, to 7 Jun , 19 68, that (\$\forall \$\) (we) last saw the deceased alive an 7 June 19 68, and that in \$\forall \$\foral 22c. DATE SIGNED 22b. SIGNATU June 1968 ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS JOSEPH H. WEARN, MAJ, MC NAM (Type) U.S.KIMBROUGH ARMY HOSP, FT MEADE, MD 23d. LOCATION (City or Town) 23c MAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION REMOVAL (Specify) Ashland, Kentucky 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Ocharles DATE JUN 12 1968

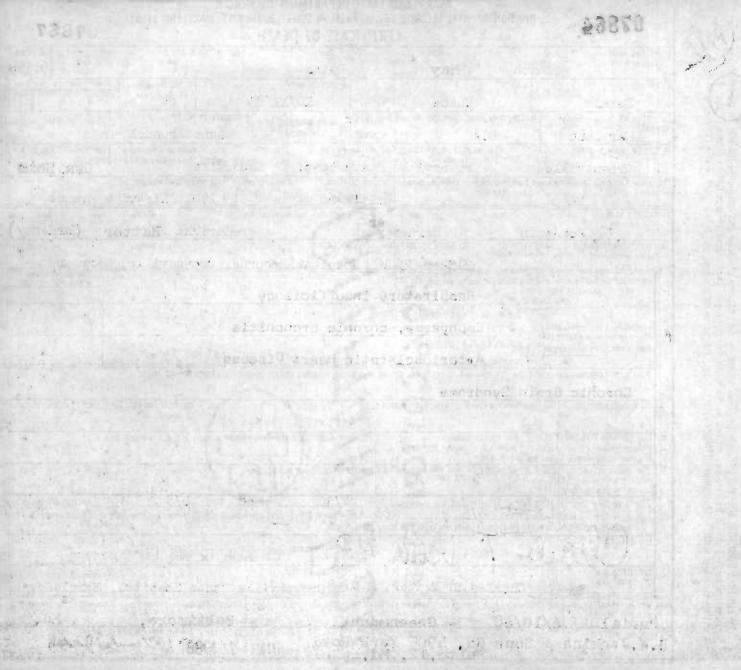
23070 23850 IS II SECT TO AN A LANGE TO SECURE Egypting the Company of the Company to the first to Mean and the first to the fi and we write the term of the t Application of the control of the co A STORY OF THE STO

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07864 37867 CERTIFICATE OF DEATH Lost Middle 2b. HOUR DECEASED-NAME 20. DATE OF DEATH after death (Type or print) 6:55pm May Edith Butts IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) OAYS MONTHS HOURS 10/17/83 White Female signed by the attending physicion ond completely filled in My the buriol-tronsit permit. Then pleose remove corbon popers. Pog buriol, cremation, or removol, and in ony event, within 72 hours requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED 1 country) USA Anne Arundel WIDOWED [DIVORCED [Maryland 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) Crownsville State Hosp. Own Home during most of working life, even if retired.) Crownsville 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO Baltimore 1701 Cliftwiew Avenue Md Middle 14. FATHER'S NAME Middle 15. MDTHER'S MAIDEN NAME First Hardesty Hardesty Fredericka Hatter Benjamin 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, ar unknawn) 215-48-7343 Hospital Records, Crownsville, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

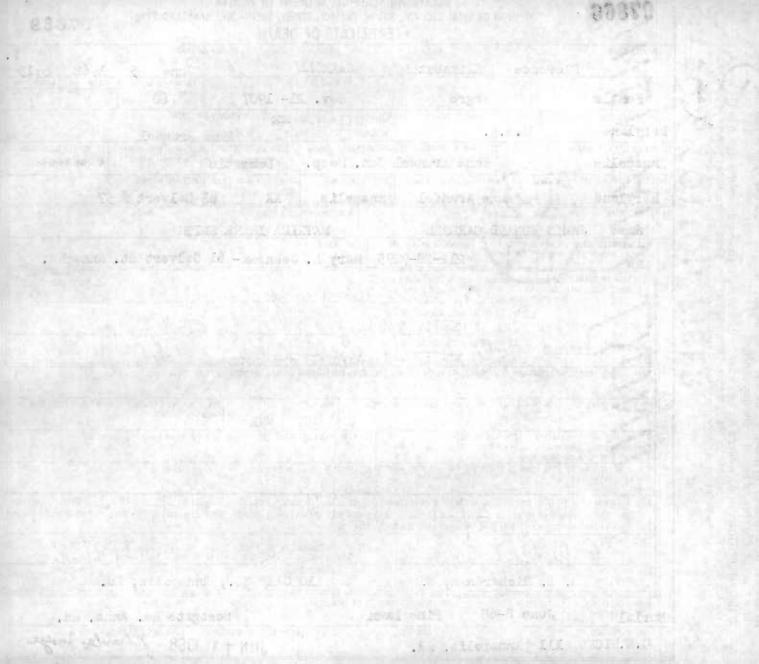
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respirator Respiratory insufficiency DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Emphysema, chronic bronchitis nise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspitol or ottending physicion. stating the underlying cause (c) Arteriosclerotic Heart Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior ta Chronic Brain Syndrome 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) State City or Town County While Nat while at work 22b. I certify that (I) (this haspital) attended the deceased from 4/30 , 19 68 , ta 6/5 , 19 68 , that (I) (we) last saw the deceased alive on 6/5 1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the couses stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE 6/6/68 PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Charles R. Venter, M.D. Crownsville State Hospital, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION, REMDVAL (Specify) Md. Baltimore. 6/10/68 Greenmount 24. FUNERAL DIRECTOR H.W.Jenkins 25b. REGISTRAR'S SIGNATURI 2Sa. REC'D BY REGISTRAR & Sons Co. 4 Bal to York Road DATEUN 30M REV.

MAKYLAND STATE DEPARTMENT OF HEALTH

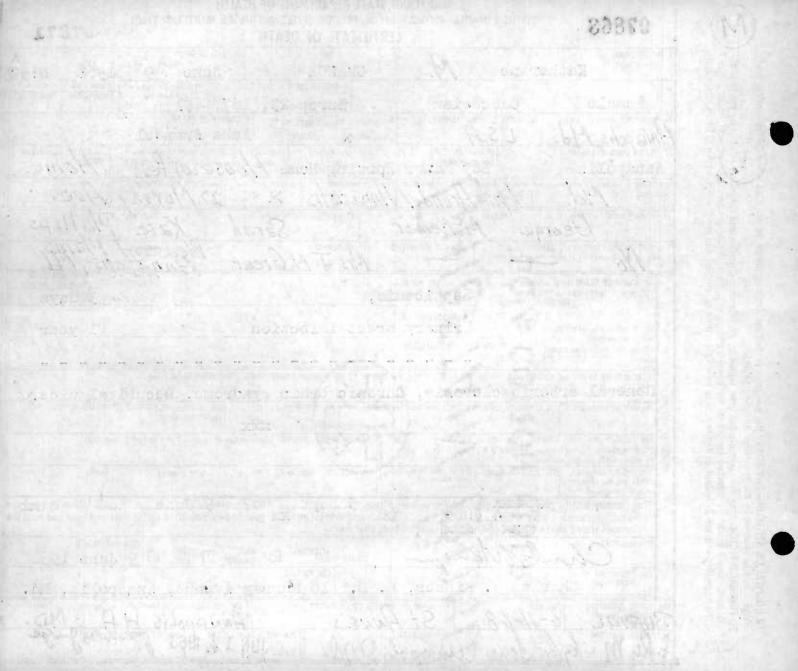


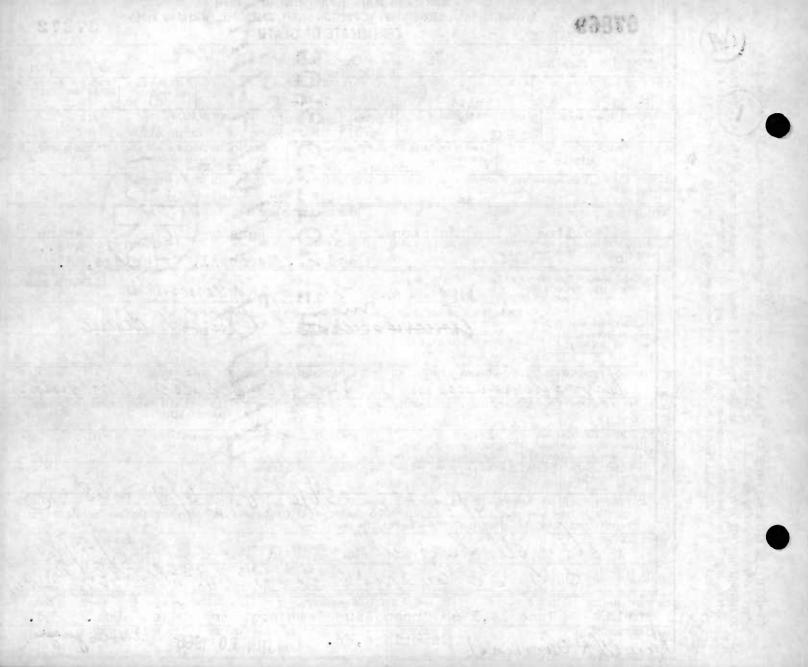
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1	death.		ECEASED-NAME First		Middle		Lost	20.	. DATE OF DEATH	nth Dov	V	2b. HOUR
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	fur fur ter	3. S	X	4. RACE			S. DATE OF BIRTH	Н	6. AGE	(In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	the ages of safe		MALE	CAU	C		10 Augu	st 191	5 last l	birthday)	MONTHS DAYS	HOURS MIN.
	by Pour	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIE		UNTY OF DEATH			
	24 haurs after death. ed in by the funeral ppers. Pages 1 and 2 n 72 hours after death	can	nin) Pennsylvania	T	SA	WIDOWE			ANNE ARU	NDET.		Md.
	Page 1	10.	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OF IN	STITUTION (II	not in hospital	120. USUAL OC	CUPATION (Kind o	f work done	12b. KIND OF E	
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	ute ove	odm	ission) STATE MARYTAND	13b. COUNTY	ARUNDET.		A BURNTH	ES NO	1017 T	HOMAS I	CIACOS	
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	and re-		Milton	т	0-1-1			Anna		J.		Pyle
	te k ian ase	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	Cable 16b. SOCIAL SECURITY		. INFORMANT	WIIIO		Address		1,716
	fica ysic al, c	1	es, no, or unknown) (If yes give	oll 16/19	206-03-39	29 1	ROBERT H.	DANN CI	om Mc K	IMBROUG	H ARMY	WO CD
	erti ph hen hav	F	1B. CAUSE OF DEATH (Enter o		+		CODERCE HE	DAMINGOI	Latitus II	THINOOC	APPROXIM	MATE INTERVAL
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	he of pe		Conditions, if ony, which gove		R AS A CONSEQUENCE OF						201	
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	requires that the death certificate be executed within 24 haurs after g physician. In signed by the ottending physician and campletaly-felled in by the fur e burial-transit permit. Then please remave carban papers. Pages 1 a burial, cremation, ar remaval, and in any event, within 72 hours after		PART 2. OTHER SIGNIFICANT CO		DUODENAL U						mor	ths?
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	That at the see the se	RIF	-1 ACCIDENT WAS UNDERSTOON	No. I			YES 🔀	NO 🗌		110		
	AN: or cate		210. ACCIDENT WAS UNDERLY!				HOW INJURY OCCUR	RED (Enter notu	re of injury in Po	rt 1 or Port 2, 1	tem 18.)	
	of difficulty of	MEDICAL	(If either, notify medical exam	iner) P.A	۸. 1	9			100			··································
	HYY has s ce ach ept.	×	21d. INJURY OCCURRED 21e	PLACE OF INJURY	(AT HOME, FARM, STREET, FA	CTORY.) 21f.	LOCATION Street o	or R.F.D. No.	City or Town	n	County	Stote
	the thing det		While Not while ot work								'0	
	by there start		22a. I certify that (1) (t	nis haspital) a	ttended the deceos	ed from_	8 JUNE		, to	ONE, 199	that	(4) (we) lost
	R: A		saw the deceased causes stated obay	alive on	(1) (a) (a) (b) view the	hody afte	na that in yazy) r death	(aur) apinion	deoth occurre	d an the da	te and haur	and from the
	Sha sha		22b. SIGNATURE	()	1 (MARINE)	O				22c. l	DATE SIGNED	
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	SPITAL OR ATTENDING PHYSICIAN: The law requires the 4 may be retained by the haspital ar attending physician. IERAL DIRECTOR: After this certificate has been signed by ar, page 3 shauld be detached far use as the burial-trarld be filed with the State Dept. of Health priar ta burial, cre-		NAME (Type) ROBER	T H. DAN	IN. JR., CP	T. MC	KIMBR		MY HOSP.	FT GE	G MEA	DE, MD_
	Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. of Health priarta	230		DATE			OR CREMATORY		. LOCATION (City		(County)	(Stote)
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		24.	FUNERAL DIRECTOR	p dine !	/ ADDRESS		1 / SEN 25	So. REC'D BY REG	GISTRAR 2St	b. REGISTRAR'S	SIGNATURE.	
	30M REV. 68	1	EKIBY TUR	PRERAL	\$/21 CRH	IN h	WV BURN'S	SATE JUN 1	4 1968	Plia	reas Ju	ye.

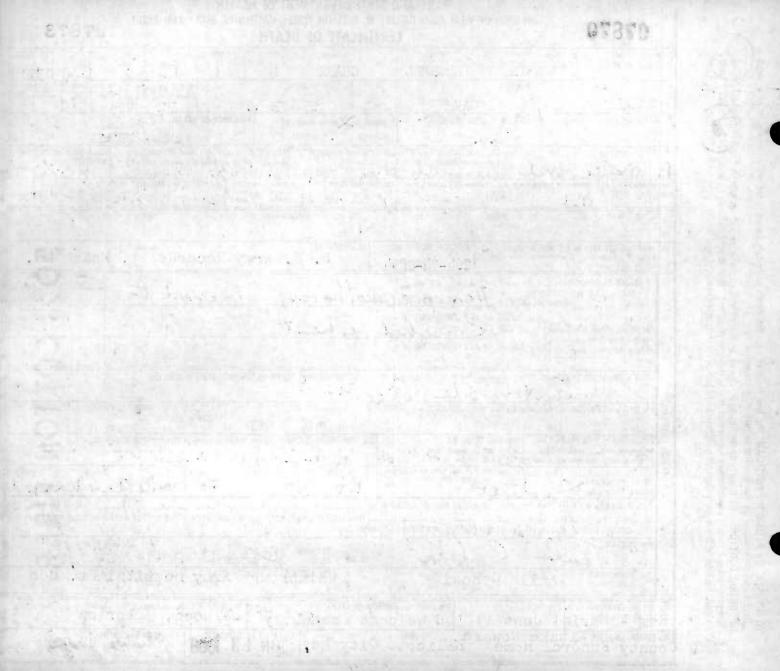




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07868 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH ourial-transit permit. Then please remave carbon popers. Pages 1 and 2 burial, crematian, ar removal, and in any event, within 72 hours after death. haurs after death (Type or print) Katherine CHANCE June 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years last birthday) HOURS Female Caucasian March 23 7a AIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in 1 Anne Arundel WIDOWED X DIVORCED | Thin 24 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL @CCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTROME Nursing Home Annapolis attending physician and cample 13a. USUAL RESIDENCE Where deceased lived, it institution; Residence before 13e. STREEL AND NUMBER requires that the death certificate be executed NO [14. FATHER'S NAME MOTHER'S MAIDEN NAME First Sarah 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. ar unknawn) (If yes give war or dates of sen (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
Septicem BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. Septicemia. days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Urinary tract infection year rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) General arteriosclerosis, Chronie brain syndrome, Decubital ulcers directar, page 3 should be detached far use as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work causes stated abave, (1) (MA) (did) (Matant) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF x. June 1968 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles Kinzer Murray Avenue Annapolis. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) VR A15 (4) 30M REV. 1/68

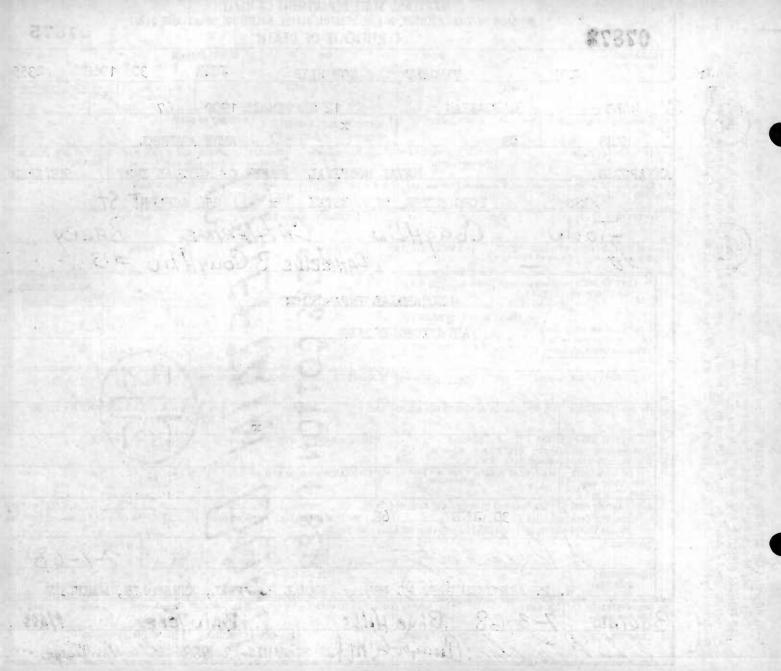






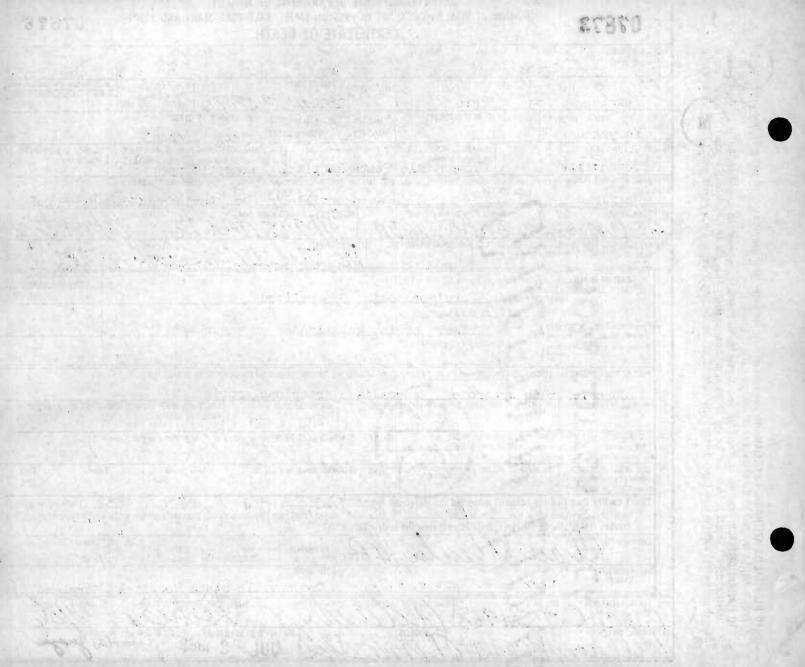
THE PROPERTY OF THE PARTY OF TH Carebral Metastanes in litalinger atthin Medigment Mediagona Let Erm Inon tency of point see To Chamothough Sept to Medicana 4 # - 27 Kilg 2 - 21 KiT3 -Fred Howking By M. + Shangers Mid.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97875 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR 24 hours after death. death. [and (Type or print) Month 30 Day 1 968 eor JUNE 2355M JOHN. VINCENT COUGHLIN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 24 HRS IF UNDER 1 YEAR MALE CAUCASIAN 12 SEPTEMBER 1900 YRS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED (auntry) WIDOWED | DIVORCED ANNE ARUNDEL event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within during most of working life, even if retired.)
MAKER OF MUSICAL INST give street oddress) **INDUSTRY** ANNAPOLIS RETTRED 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY DORCHESTER odmissian) STATE YES NO and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAHDEN NAME First Middle requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or uninown) burial, crematian, ar removal, signed by the attending phy APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ARTERIOSCLEROSIS rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health priar ta b Page 4 may be retained by the haspital ar attending has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO E YES 🗍 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item IB.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year directar, page 3 should be detached shauld be filed with the State Dept. at 21d. INJURY OCCURRED While Not while at wark at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from_______, 19_____, ta_______, 19______, that (I) (we) last saw the deceased alive an 30 JUNE ______1968_, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) NAVAL HOSPITAL ANNAPOLIS 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE NAME OF CEMETERY OR CREMATORY (State) BAINTEER 455 25b. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Clearles 30M REV. 1/6 DATE III - 3

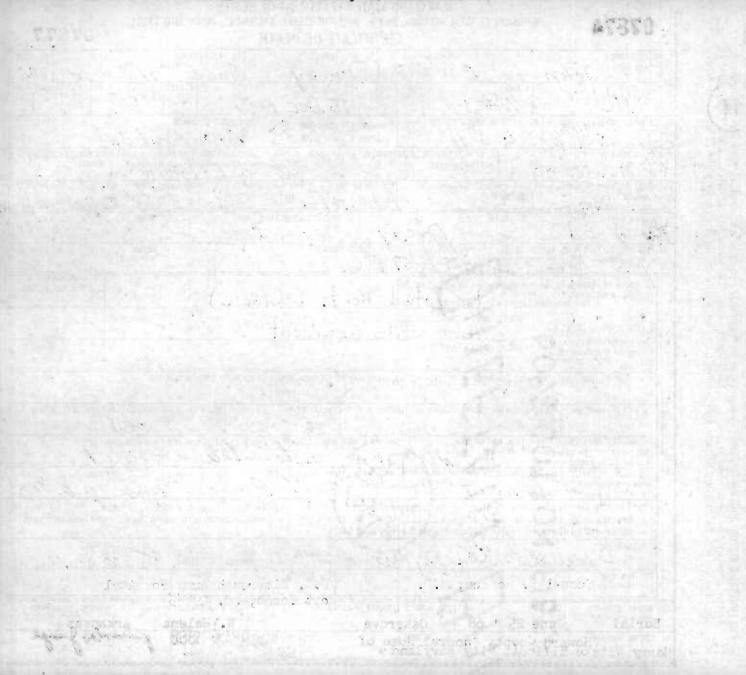


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手		CEASED-NAME First ype or print)	11	Middle	Lost	1 2	2o. DATE OF D	DEATH Do	Vone.	2b. HOUR
		Joni	110	WARD	Davi	- V/	June	131 >	00	7:00pm
06	3. SI	x Male	4. RACE	m74.0	S. DATE OF BI			6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
	70		7b. CITIZEN OF WHAT (egro		27/80	COUNTY OF I			
		Shadyshide M			MARRIED NEVER MAR	RCED T		Arundel		Md.
06	10.	TY OR TOWN OF DEATH Crownsville	11. NAME	OF HOSPITAL OR INSTIT	OTION (If not in hospital State Hosp.	during most	OCCUPATION (Kind of work done fe, even if retired.)	12b. KIND OF INDUSTRY	
11	13o.	USUAL RESIDENCE (Where deceosed		Residence before 1:	3c. CITY OR TOWN	13d. INSIDE CITY LIMITS:	1001011	ET AND NUMBER	6,00	
U.J.		ssion) STATE Maryland	<i>F</i>		Shadyside		Ŋ	10:141		
1	14.	ATHER'S NAME First	Middle	DAVIS	IS. MOTHER'S MA	AIDEN NAME First	Theles	Middle FOAI	UCES T	URNER
	160	WAS DECEASED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMANT	NO	Unkn	Address	VCE 3 /	UKNER
	1	es, no, or unknown) (If yes give war	or dates of service)	ıknown	Hospital	records	s Cro	wnsville	State H	osp. Ma
		18. CAUSE OF DEATH (Enter only	one couse per line fo						APPROXIE	MATE INTERVAL NSET AND DEATH
		DADT I DEATH WAS CAUSED	DV		rotic cardi	o vascul	Lar di	sease		
		4121	DUE TO, OR AS A				7			
		Conditions, if ony, which gove nise to immediate couse (o),	(b)						w 1991 M	
		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT COND	(c)	TO DEATH BUT NOT	DELATED TO THE TERMINAL	DISCASE OD COM	DITION CIVEN	IN DADT 1/a)		
		1/22			KELATED TO THE TERMINA	L DISEASE OR CONL	DITION GIVEN	IN PAKT I(0)		
	CERTIFICATION		c brain sy ONDITION FOR WHICH (DRMED 20a. AUTO	PSY?	20b. IF	ES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
2	TEC	TA HOUSE			YES 🗆	NO 🗔	CAUSES	OF DEATH?		
7		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	44	oture of injury	in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	r) P.M.	onth Doy Yeor 19						
	W	of work of work			21f. LOCATION Stree			r Town	County	Stote
		22a. 1 certify that (I) (this saw the deceased ali	hospital) attend	ed the deceosed	from 2/5	, 19.64	_, to6	/5 19	68_, that	(I) (we) lost
		saw the deceased all couses stated above,	ve an 0/3 (1) (we) (did) (dia	not) view the bo	68, and that in (m	y) (our) opinio	on death a	curred on the d	ofe and hour	and fram the
		22b. SIGNATURE	0	16 11	MAD ATTENDIN	NC - MID		STAFF 22c	DATE SIGNED	
		Ma	lesk.	Ville	DEGREE PHYS.	LJ DIREC	CTOR 😾	PHYS.	6/6/68	
1		22d. PHYSICIAN'S NAME (Type) Chara	og D Wont	on M.D.	22e. ADD		- 41-1	- TI	7 M	
		Cital I	es R. Vent		METERY OR CREMATORY			e Hospita I (City or Town)		
1	230	BURIAL, CREMATION, 23b. DA	8-68	10 1	A A	rows "		USVILLE	(County)	(Stote)
1	24.	FUNERAL DIRECTOR	0 0	· // ADDRESS	9 300	2So. REC'D BY R			SSIGNATUR	48
1	17	A Hardesty	GALESU	11/21/1	d	DATEJUN 1	11 196		0	0

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- 10	MAKILAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Н	CERTIFICATE OF DEATH
-	60K °
83	
	John E LOME 21 1968 DUH
	3. SEX 4. RACE S. DATE OF BARTH 6. AGE (In years IF UNDER 19EAR
1	Male Negro 15 Dec 1946 last birthday) YRS. MONTHS DAYS HOURS MILL
1	70. BIRTHPLACE (2007) P/1919- 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Helenz, Arkansza U.S.A. WIDOWED DIVORCED Ann Arundel
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 12a. USUAL OCCUPATION (Kind of work dane give street address) 13b. KIND OF BUSINESS OR during prostof working life even if retired.)
U	the Mesde, Mid,
	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER WEST HERMITS?
d	admission) ASTATE ONS as 13b. COUNTY Helenz-Phillips YES NO BOX 2268 Phillips Arker
3	14. FATHER'S NAME First, Middle Lost 19 MOTHER'S MAIDEN NAME First Middle Lost
	# Ed - Dusey Decessed
ŀ	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	Yes, no, ar upknawn) (If yes give war or dates of service) 1/29-82-5915 300 Sile
ł	
	BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSE (a) lacerated forta (thoracic)
	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if only, which gave (b) Automobile accident
	stating the underlying cause - DUE TO, OR AS A CONSEQUENCE OF
	lost. (c)
П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	8254
1	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1	YES ID NO CAUSES OF DEATH? YES
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Entgr natural of infury in Part 1 or Part 2, Items 18.)
	[6] (If either, notify medical examiner) P.M. J 47 27 1960
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. No. (ity ar Town County State While Not while Not while Town Not
	while Not while of work of work of NTREET BUILDING, ETC. Fart George meade md. 2015
	22a. I certify that (I) (this hospital) attended the deceased fram 2134N , 1967 (to 2134N , 1967, that (I) (we) keeps the deceased alive on 2134N 1967, and that in (my) (aur) apinion death occurred an the date and hour and from the
	saw the deceased alive on
	22b. SIGNATURE 22c. DATE SIGNED
	ATTENDING TO MED TO STAFF
1	PHYSICIAN'S NAME (Type) Samuel B. Rosser, M.D. 22e. ADDRESS U.S. Kimbrough Army Hospital
1	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY TO 23d. TOCATION (City or Town) (County) (State)
	Burial June 25 68 Oakgrove W. Helena Arkansas
	24. FUNERAL DIRECTOR Howard County Tunera PORFSome of Harry Witzke Ellicott ity Maryland 250. RECEINANCE OF DATE
1	DAIL



1	MARTIAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10	CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	EEEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print)
3. 5	
	BIRTHDLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED
10.	CITY OR TOWN OF DEATH 11. NAME OF HOS PITAL OR INSTITUTION (If not in hospital puris of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done give year and uses) 12b ALMO OF BUSINESS OR JUSTIA OR OR
10. 130. adm	USUAL RESIDENCE (Where decoised lived, if institution: Residence before lission) STATE 13b. COUNTY A - 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? NO 13e. STREET AND NUMBER 24 3 COLUMN 13b. COUNTY A - 12c. CITY OR TOWN 13d INSIDE CITY LIMITS?
	FATHER'S NAME First Middle Lost 15. MOTHER'S NAME First Middle Last
	WAS DEFLAND EVER IN U.S. ARMED FORCES? Yes, no, clurk (byn) (If yes give wor or dotes of service) (If yes give wor or dotes of service) (If yes give wor or dotes of service)
MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF conditions, if ony, which gave rise to immediate cause (o),
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
z	4201
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
W	21d. INJURY OCCURRED While Nat while at work 1 work
	22a. I certify that (I) (this haspital) attended the deceased fram
,	22b. SIGNATURE RED. STAFF DIRECTOR DEGREE PHYS. DIRECTOR DEGREE PH
/	22d. PHYSICIANS Robert R. HAHN P.O. BOX 73 Severna Park
230	Miller 7-7-68 Hillerest Cernapoles HH. Mo
1/68 24.	But of Garane Severna Ro DATE UL - 1 1968 CONTRACTOR SIGNATURE

3-26-1997 91 A. A. Sew Horp Elithionin Homis Horsels amad. Difectione Compositio HH. M. Grand 7-4-68 Hillout

MAKILAND STATE DEPARTMENT OF REALIR DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37881 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR haurs after death (Type or print) Elliott Month James Edward June 6. AGE (In years last birthday) 3. SEX 4. RACE 5. DATE OF BIRTH Male White OAYS November 12, 1901 please remave carban papers. Pail, and in any please remave carban papers. Pail, and in any event, within 72 habs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED Baltimore, Md. WIDOWED Anne Arundel U. S. A. DIVORCED certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Supervisor
Me INDUSTRY Brooklyn Park 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Marvland 13b. COUNTY Anne Arundel Park State Indus. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NO T 5500 Park Road 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle John J. Elliott Gerrgia L. Carter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address burial, crematian, ar remaval, Mrs. Helen G. Elliott 5500 Park Road 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH death PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) al nulastases DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ___ NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram July 196719, to full 38, 1968, that (I) (we) lost saw the deceased alive an full 48, 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DIRECTOR PHYS. 5004 RITCHIE HWY. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 21225 BALTO. MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (Stote) (County) Cedar Hill A A. Co. Md. 7/1/68 Ritchie Highway 24. FUNERAL DIRECTOR m culles 237 Patapaco Ave. 21225 DUL 30M REV

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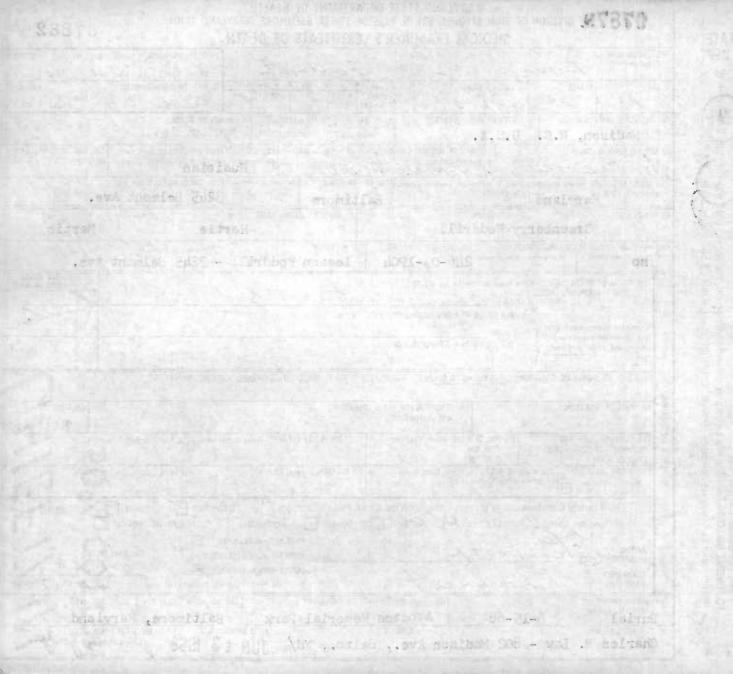
2		MARYLAND STATE DEPARTMENT OF HEALTH OF OF ONE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	37878
HEALTH DERT	1. D	ECEASED-NAME First Middle Lost 20, DATE KNOWN (See Month	Doy Yeor 2b. HOUR
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d 3 d 3 d 3 d 3 d d 3 d d 3 d d 3 d d 3 d	3. S	Last Late A MANAGE PAGE MOUNT AND THE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	2d. HOUR
any delo		17 W 12-18-10 57 YRS.	Year 168 13 M
18 18	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11
ges for	10 (TY) WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	Tigh KIND OF BUSINESS OF
INER: This certificate should be executed within 24 hours after death a exertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with fager files. 3 should be used as a buriol-transit permit. File pages land 2 with the State Contain, or removal, and in any event within 72 hours ofter death.		give street oddjese) during most of working life, even if retired.)	INDUSTRY
fter Giv ong ith ti	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Kenc Estate
rs a 18.	0	dmission) STATE VIRGINIA 13b. COUNTY FAIRFAX! YES NO 9206 HAMILE	TON DRIVE
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hin 24 ncil in niner's pages I hours		ONVEL ROBERT DOVE MARY GERTRUDE HORS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (MILES) ADDRESS	TRAMP
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Thief		Conditions, if any, which gave rise to immediate couse (a), (b)	
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CAL EXAM execute th far. Page 4 ed for your CTOR: Page buriol, crem		22a. I certify that I taak charge of the remoins described above, held an Autopsy , Inspection , Inquiry	ond in my opinian
		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please e. I directar retained. DIRECTO or to bu		CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED - LS
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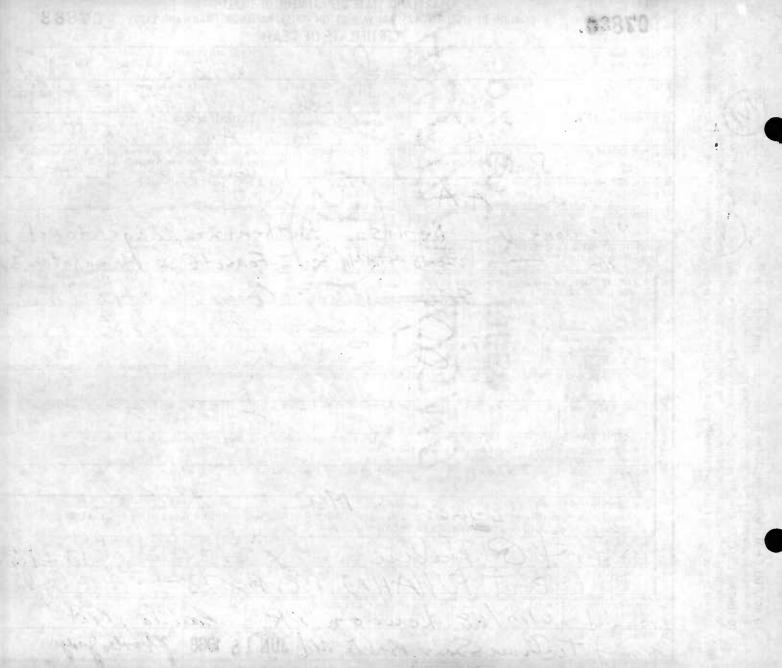
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MARYLAND STATE DEPARTMENT OF HEALTH 17879 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J7882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month 2b. HOUR delay 1. nd 3 ta Page (Type or Print) Rufus ESTI-6 MM DEATH MATED 6. AGE (In years 3. SFX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 9-12-04 63 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH alang with farm country) Madison, N.C. U.S.A. WIDOWED | DIVORCED [Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR non-North. during most of working life, even if retired.) **INDUSTRY** 1eN/20RNIE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATMaryland 13b. COUNTY 3245 Belmont Ave. Baltimore YES NO 4 shauld be farwarded to the Chief Medical Examiner's Office land 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Greenberry Foddrill Hartie Martin haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no or unknown) 246-03-1904 Leeann Foddrill - 3245 Belmont Ave. event within 72 APPRDXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CLL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse crematian, or remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES NO 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Yeor 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote WHILE NOT WHILE AT WORK foctory, office building, etc.) 22a. I certify that I taak charge of the remains described obove, held an Autapsy , Inspection Inquiry and in my apinian death resulted from: Natural causes Accident Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE C DEPUTY MEDICAL EXAMINER **EXAMINER'S** E. LINGARRY NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Arbutus Memorial Park 6-15-68 Baltimore, Maryland ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles R. Law - 802 Madison Ave., Balto., Md/DATEJUN ychiances



2/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07883
		CERTIFICATE OF DEATH
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PHYSICIAN: 1 he hospital or this certificate etached for us Dept. of Healt	W	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
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ed led led led Sec		sow the deceased alive on 6-12-6 19 ond that in (my) (our) opinion death occurred on the date and hour and from the
So di H		couses stoted obove (1) (we) (did nat) view the body ofter death.
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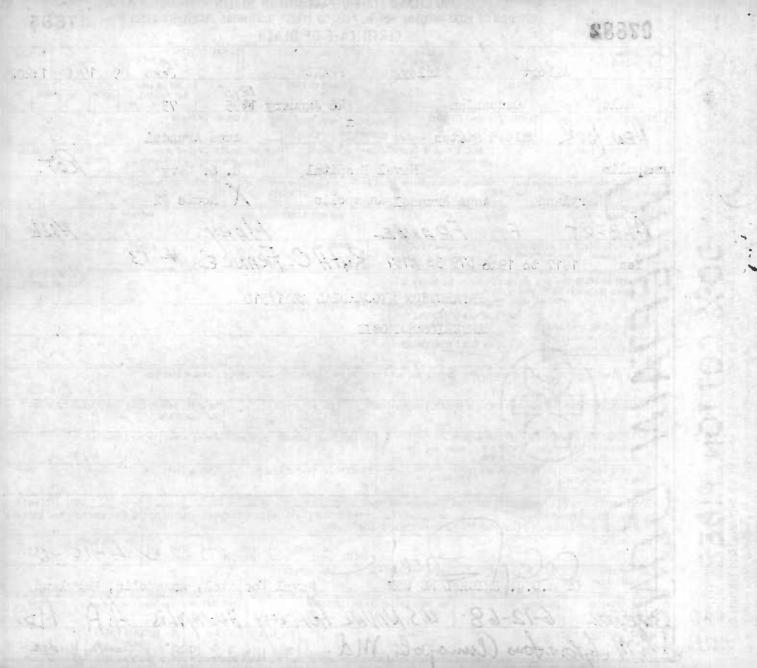


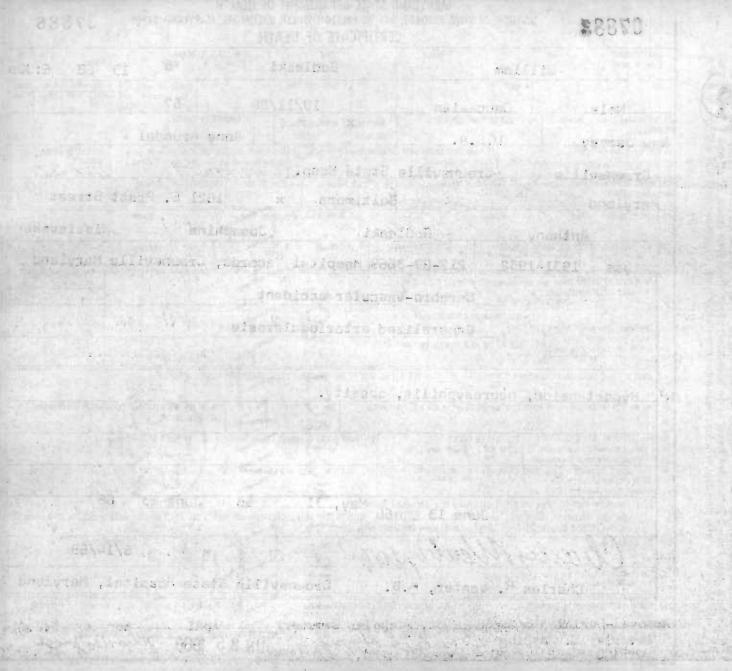
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07881 CERTIFICATE OF DEATH 07884 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR deoth. requires that the death certificate be executed within 24 hours after death. funerol (Type or print) Poges 1 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS DAYS HOURS YRS 70. BIRTHPLACE (State or Afreign 9. COUNTY-OF DEATH 7b. QEWHAT COUNTRY? 8. MARRIED NEVER MARRIED SW country) WIDOWED N DIVORCED [Md. filled within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR emove corbon gang event, with give street oddress) most of working life, even if ratioed & INDUSTRY or completely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY/OR TOWN // // 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14. FATHER'S NAME MOPHER'S MAIDEN NAME FIRST Middle Lost Last pleose/ ondi ottending physicion permit. Then pleose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMAN Yes, no. or unknown) (If yes give war or dates of service) buriol, cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BEPWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ioschrosis DUE TO, OR AS ACCONSEQUENCE OF Canditions, if any, which gave lar signed by the buriol-tronsit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached for use os the State Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES [NO [TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that (I) (this hashital) attended the deceased from ta 25 19 6%, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive andirector, page 3 should should be filed with the causes stated abave, (1) (yes) (did) (did not) view the bady after death. 22b SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County)) (State) FUNERAL DIRECTOR ADDRESS 24 VR A15 (4) 30M REV. 1/68 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07885 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR eath. 24 haurs after death pup (Type or print) Manth Albert Finley FRANCE June 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR 1295 HOURS Male 1995 Caucasian 26 January 7o. BIRTHPLACE (Stote or foreign completely/filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED United States WIDOWED [DIVORCED | Anne Arundel within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINGSS OR give street address) during most of warking life, even if retired.)

S. Navy Annapolis Naval Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY Route #2 Anne Arundel Annapolis and in any 15. MOTHER'S MAIDEN NAME Firs Middle Middle the attending physician and sit permit. Then please rem 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) ar remaval, 1917 to 1946 579 38 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) **GETWEEN ONSET AND DEATH** PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) INFARCTION MYOCARDIAL 4201/510 crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) (b) ARTERIOSCLEROSIS burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending has been use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 7 NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day directar, page 3 shauld be detached shauld be filed with the State Dept. of (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram-, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BRICKE Hospital. Naval Annapolis. Maryland 23c. NAME OF CEMETERY OR CREMATOR) 23a. BURIAL, CREMATION 23b. DATE 23d LOCATION (City pr Town) ocharles





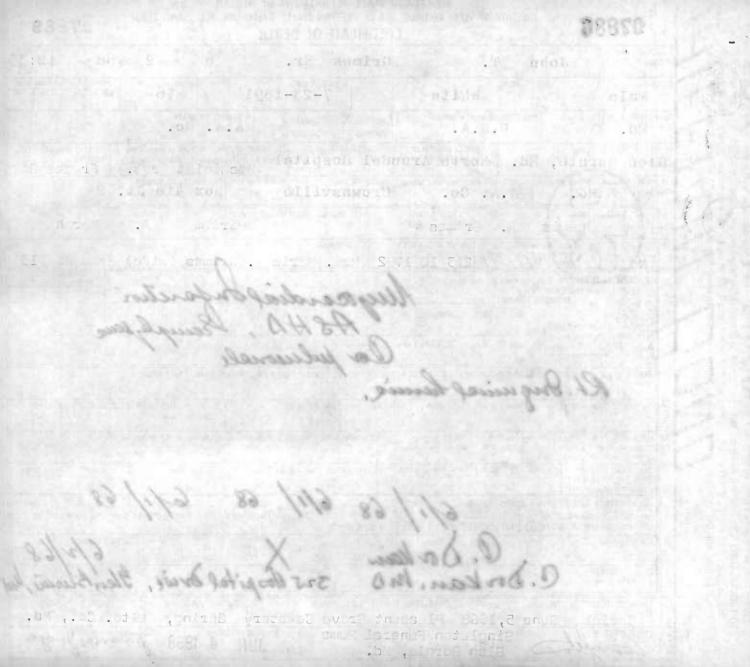
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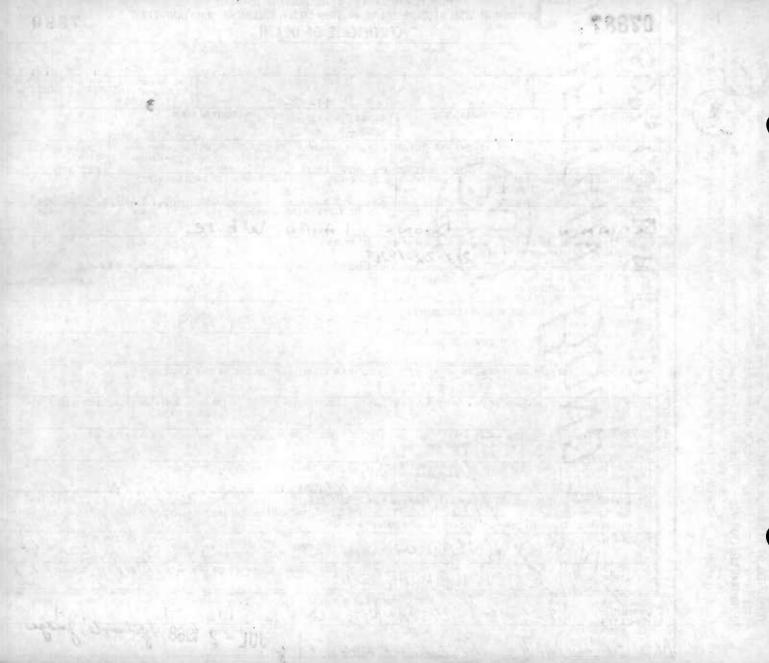
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07888 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) June Manth 3 - Day Benjamin 30 8 4 RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years IF UNDER I YEAR DAYS Dec. 22, M crematian, or removal, and in any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Naryland Anne Arunde DIVORCED T WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR ., Edgewater, Md. elerk, Peniv. Railmad Industry Transp. Edgewater 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN. 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES P NO 3543 1S. MOTHER'S MAIDEN NAME First Emily 14. FATHER'S NAME Middle Charles Gray 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, ar unknawn) (If yes give war or dates of service) Unknown John E. Burke 4814 4 Ave, Oxon Hill, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

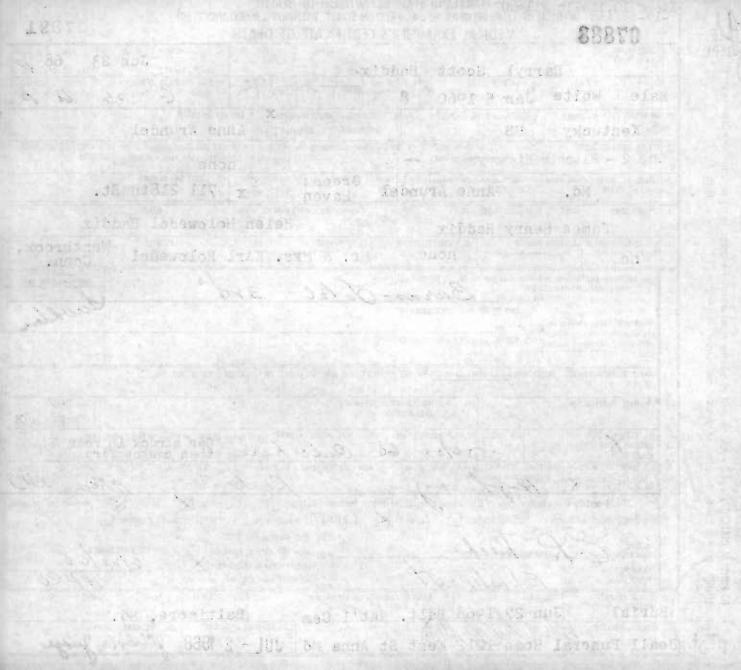
IMMEDIATE CAUSE (a)

Cardiae BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Cardio-Vascular Disease arterioselerotie signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Senility PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [shauld be detached far use with the State Dept. of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) ottended the deceased from 1965, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS + 1 BOX 244 AVIVIA NAME (Type) director, 1 shauld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) BIREMOVAL (Specify) 6-7-68 Washington Nat. Cemetery Suitland, Maryland 0 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral HomeADDRESS 30M REV. 1/68 4308 Suitland Rd SE, Suitland, Maryland

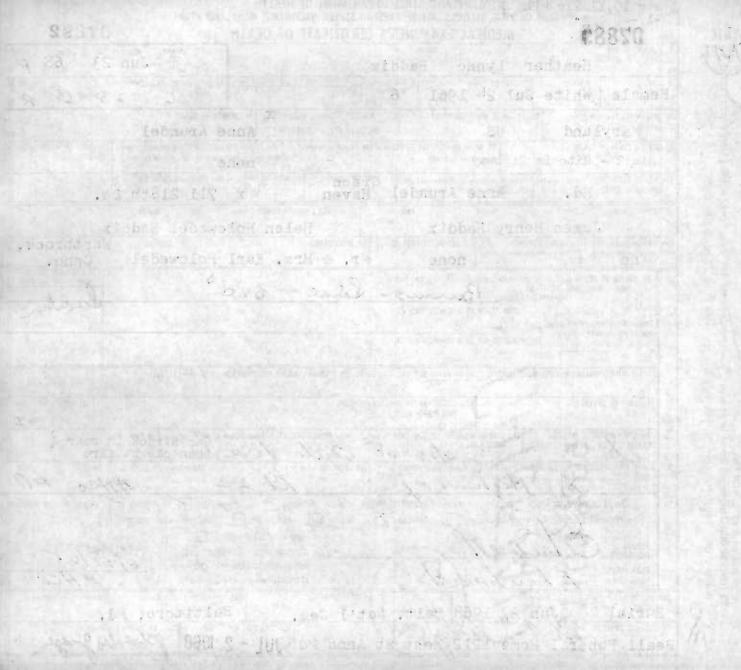




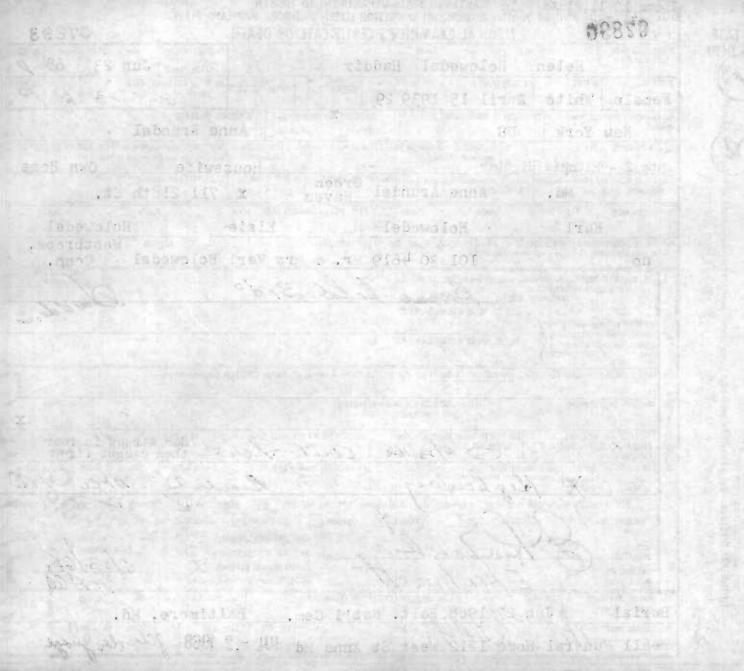
+ (1)	Ttems 10, 11&21c Filmh02 MARYLAND STATE DEPARTMENT OF HEALTH 7-17-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7891
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D OF ESTI-	Year 2b. HOUR
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07893
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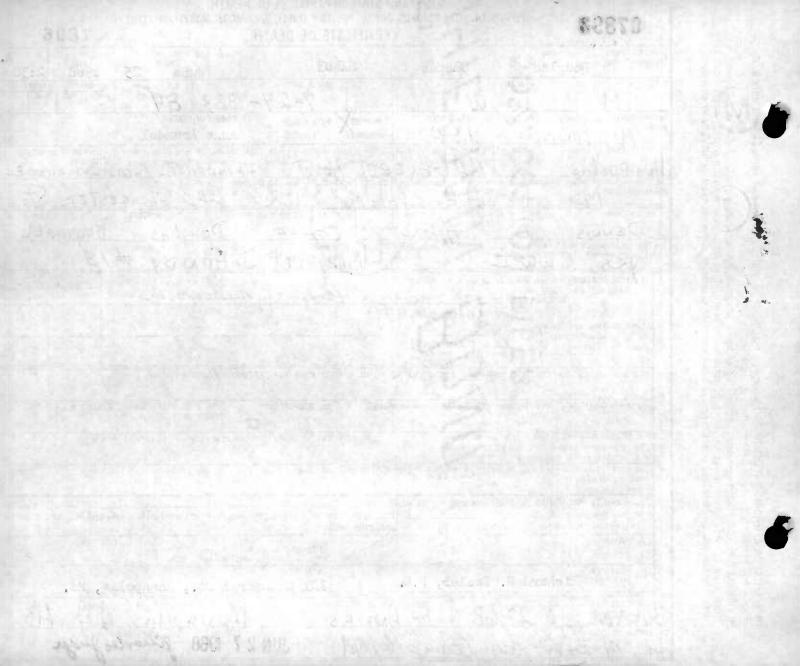
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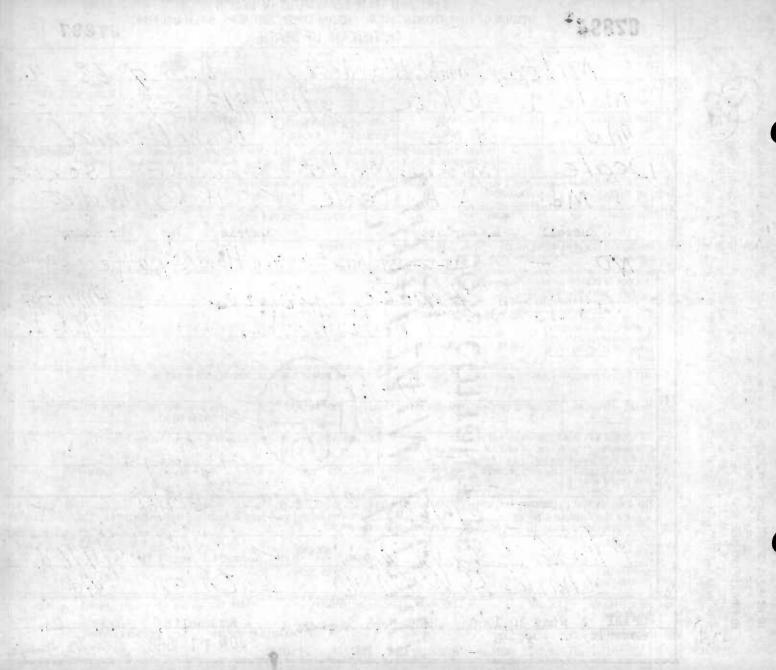
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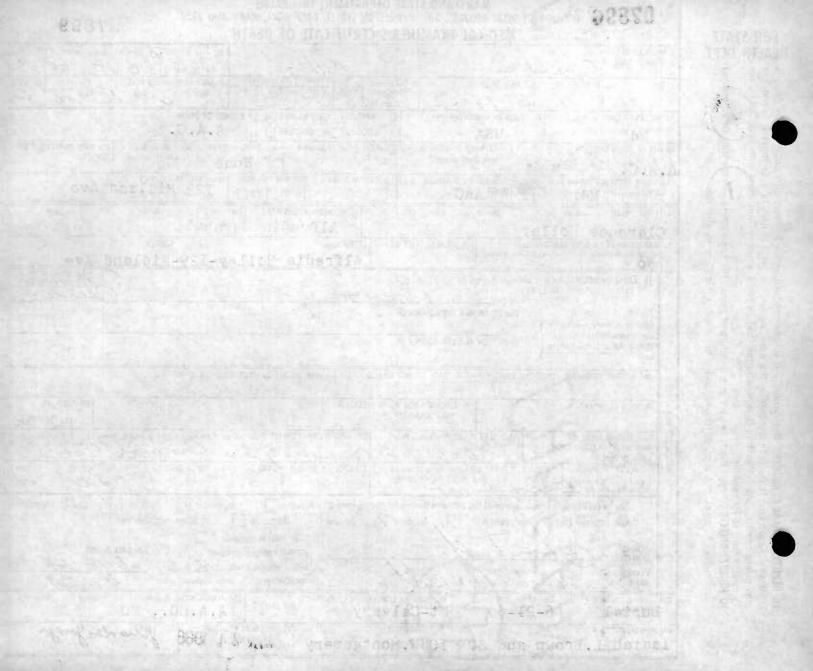
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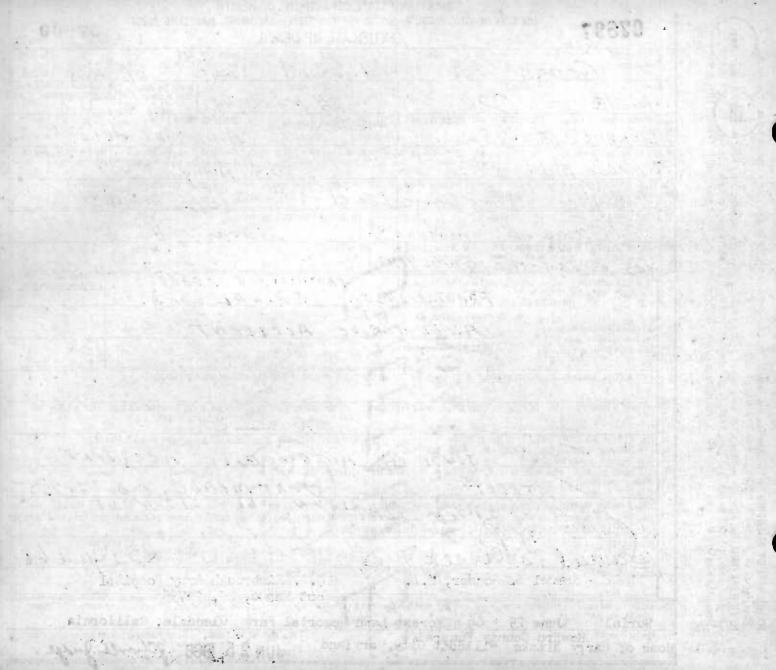


	MARITARD STATE DEPARTMENT OF HEALTH
100	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
To (IV)	CERTIFICATE OF DEATH 07898
	1. DECEASED-NAME / First Middle / Lost e 2a. DATE OF DEATH 2b. HOUR
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deat	10M, 11-18-18-19-18
for the ter	3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH 5. DATE OF BIRTH 6. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 1 YEAR IF UNDER 34 HRS. If UNDER 3
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of in Sign	country)
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d v d v	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER
du de	odmission) STATE 13b. COUNTY A PRIOLD YES NO X LT / Bup 458
xec co nov	14. FATHER'S NAME First / Middle Aget Als. MOTHER'S MAIDEN, NAME First / Middle Last
and rer	A HATTURE HOTEL
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sicic oleo	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, an uniquipown (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO.
y val	10 - menter many fum of
The mo	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
를 다. 	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure 2 yrs.
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he at	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Hypertensive Arteriosclerotic CV disease
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physicion. signed by the attending physicion and completely filled in by the forbural-tronsit permit. Then please remove carbon papers. Pages burial, cremotion, or removal, and in any event, within 72 hours after	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)
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P. P	at wast at wast
OR ATTENDING PHYSICIA De retoined by the hospita NRECTOR: Affer this certific e 3 should be detoched if sed with the Stote Dept. of the	22a. I certify that (I) (this hospital) attended the deceased from Aug. 13, 1956, to June 14, 1968, that (I) (Wis) lost saw the deceased alive an June 4, 1968, and that in (my) (Four) opinion death occurred on the date and hour and from the causes stated abave, (I) (ye) (did) did not) view the bady ofter death.
Aft b	saw the deceased glive an June 4, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
retoined retoined ECTOR: A 3 should with the	causes stated abave, (1) (ye) (did) said saot) view the bady ofter death.
TA ST SET	226 SIGNATURE . 22c. DATE SIGNED
RE T	Tranis 2 Codil DEGREE ATTENDING MED. STAFF PHYS 6-16-68
TAL 0 Day be page page in filed	22d. PHYSICIAN'S 22e. ADDRESS 7
RAL DIE	22d. PHYSICIAN'S NAME (Type) Francis I. Codd M.D. 22e. ADDRESS Severna Park, Maryland
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retoined by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the burial-troop. Should be filed with the Stote Dept. of Health prior to burial, creating the stote Dept. of Health prior to burial, creating the stote Dept.	
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FOR STATE	I	tem#10, FilmGL	OZ 7MEDICA	LEXAMINE	R'S CERTIFICAT	E OF DEATH		37899
HEALTH DEPT.		CEASED-NAME Fir	st	Middle	Lost	/	20. DATE KNOWN Month OF ESTI-	10 1-
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delay and 3	3. SE	X 4. RACE	S. DATE OF BIRTH	- lost	(In years IF UNDER 1 YEA birthday) MONTHS DAY		2c. DATE PRONOUNCED DEAD Month Doy	Yeor LE 2d. HOUR
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- 6 3	roun	IRTHPLACE (State or foreign ry)	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER WIDOWED C	MARRIED X Y. COU	NTY OF DEATH A.A.C.	44.4
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within pencil xomine ile page			ve war ar dates of service)	OD. SOCIAL SECONITT IN		lia Holle	y-I29-Midla	nd Ave
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necessory, in the funeral 5 may be in Funeral Health prince	-	NAME (Type)		MRXX		ADDRESS(Street, city, to		THE!
5 = + ~ 5 ±			b. DATE -21-68	Mt-Ca:	CEMETERY OR CREMATORY		A.A.CO., MD	(County) (Stote)
1		FUNERAL DIRECTOR	SALATO	ADDR		250. REC'D BY REC	4 1968 25b. REGISTRAR	SSENATURAGE
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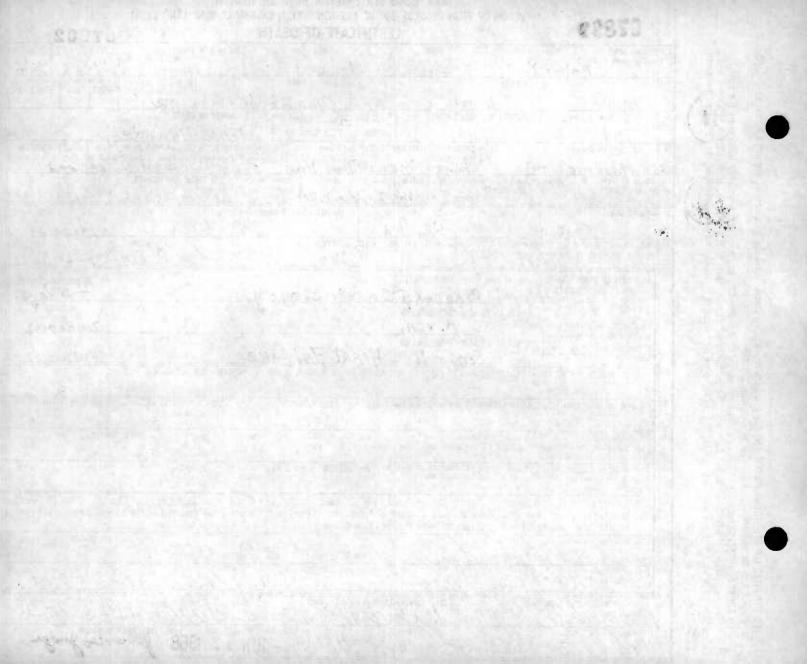
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07837 37900 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death (Type or print) Doy June 400+260 DOA N 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER I YEAR lost birthdoy) MONTHS HOURS hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED buriol, cremation, or removol, and in ony event, within 72 Md. within 24 and completely filled remove corbon paper 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135. CITY OR TOWN 13d. INSIDE CITY LIMITS? The low requires that the death certificate be executed YES [NO 🗀 LZUVE 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost Orrie 5 COLCIE 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 54658-9190 201 11 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) FRACTURED BETWEEN ONSET AND DEATH buriol-tronsit permit. FRACTUREDNECK DUE TO, OR AS A CONSEQUENCE OF AUTOMOBILE Conditions, if ony, which gove) ACCADENT rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospitol or ottending physicion. stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES X TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. JUN 21 19 OR CONTRIBUTING CAUSE OF DEATH AUTOMOBILE 3 should be detoched (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED While Not while of work FORT MEADE 22a. 1 certify that (1) (this hospital) attended the deceased from 21 Jun, 19 6F, to 21 Jun, 19 LF, that (1) (we) last sow the deceased alive on 21 Jun. 19 LF, and that in (my) (our) opinion deoth occurred on the date and hour and from the Guses stated above, (1) (we) (did) (did not) view the body after death. **IGNATURE ATTENDING** MED. DIRECTOR PHYS. PHYSICIAN'S Kimbrough Army Samuel B. Rosser, M.D. NAME (Type) Mondo Md 20755 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Forest Lawn Memorial Park Glendale, California June 25 1 68 24. FUNERAL DIRECTOR Howard County Funera DRESS Home of Harry Witzke "likcott City Maryland 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



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deoth.		ECEASED-NAME First Type or print) Alice	$\overset{ ext{Middle}}{ ext{D}}_ullet$	Hor	lost 'seman	2a.	DATE OF DEATH Month 6 Day	19 Yeor 68 2b. HOUR
affer a differ a diff	3. S	Female	4. RACE White		S. DATE OF BIRTH	8-13	6. AGE (In years last birthday)	IF UNDER 1 YEAR
illed in by papers. Prin 72 haur	7a.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED WIDOWED	NEVER MARRIE		Anne Arundel	Md.
within 24 rely filled in paper within 72	10.	CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR IN give street address) North Arunde			during most of v	JPATION (Kind af work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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ne death c attending permit. Th		18. CAUSE OF DEATH (Enter an PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave)	ly ane cause per lipe for (a), (b), and (c) D BY: UTE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	hopr	renu	oni	e	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
equires that the physician. signed by the buriol-transit buriol, cremat		rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUENCE OF (c) IDITIONS CONTRIBUTING TO DEATH BUT N	O &	O THE TERMINAL DI	Li UA	ON GIVEN IN PART 1(a)	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital ar ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tror abould be filed with the State Dept. of Health prior to buriol, creating the prior of	CERTIFICATION	2044	CONDITION FOR WHICH OPERATION WAS PE		20o. AUTOPSY	7?	20b. IF YES, WERE FINDINGS COCAUSES OF DEATH?	ONSIDERED IN CERTIFYING
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s PHYSI the hosp this cert detoched e Dept. c	MEC		PLACE OF INJURY (A) HOME, FARM, STREET, FA		OCATION Street a	r R.F.D. No.	City or Town	Caunty State
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		22b. SIGNATURE	S. B. Camer	DEGI		MED. DIRECTOR	STAFF	DATE SIGNAD 19/64
TO HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should	00	22d. PHYSICIAN'S NAME (Type)	PO. RA MI	UR2	22e. ADDRES	325	on wanger	Sur B. Mal
Poge To Fu	230	BURIAL, CREMATION, 23b. I			Memoria		LOCATION (City or Town) Glen Burnie	(Caunty) (State)
VR A13 (4) 30M REV: 1/68	24.	M Celles I	ADDRESS 237 Patapsc		25	a. REC'D BY REGI	STRAR 2Sb. REGISTRAR'S	SIGNATURE Judge

		07889	DIVISIO	ON OF VITAL RECORDS			IMORE, MARY	LAND 21201		
					CERTIFICA	TE OF DEATH			0790	2
1		the second second	irst	Middle		Lost	2a. DATE OF D		V	2b. HOUR
	(1)	(pe ar print) Robe	RY	None	140	WARD	J.	Month Di	oy 1968	9: 15 M.
3	. SEX		4. RACI			. DATE OF BIRTH	(. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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L	-	Jev W.	·WII		16	DRIL 170	nanc	Leam	view	SHICKL
		 CAUSE OF DEATH (Enter PART I. DEATH WAS CA 	anly one cau	se per line far (a), (b), and (c).)					NATE INTERVAL NSET AND DEATH
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Г		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE ORG	CONDITION GIVEN	IN PART 1(a)		
li	No.	4201								
	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	CALICEC	ES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	RT		viii e			YES NO			_	
		21a. ACCIDENT WAS UNDER!	DEATH HOL	TIME OF INJURY JR A.M. Month Day Year	21c. HOV	/ INJURY OCCURRED (Ente	r nature of injury	in Port 1 or Port 2	, Item 18.)	`
1	ă	If either, natify medical exc	miner)	P.M.	9					
1		21d. INJURY OCCURRED While Not while	le. PLACE OF	INJURY (AT HOME, FARM, STREET, FA	(CTORY,) 21f. LOCA	ATION Street or R.F.D. No.	. City or	Town	County	Stote
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1	t	22d. PHYSICIAN'S	1	1 1 1		22e. ADDRESS		0.0	2	/
		NAME (Type)	Char	of H. HUNT	CAND .	100 Cher	m Lani	Hen B	Junia,)	lid
2	30.	BURIAL, CREMATION, / 23	Bb. DATE	23c. NAME OF	GEMETERY OR C	MATORY	23d. POCATION	(City or Town)	((Soutity)	(State)
	1	REMOVAL Specify	2115.	1968 Wil	sonu	sumoval	INO.	MULL	LES 1	1100
2	24., 1	UNERAL DIRECTOR	0	ANDRES!		2Sa. REC'D B		2Sb. REGISTRAR	'S SIGNATURE	440
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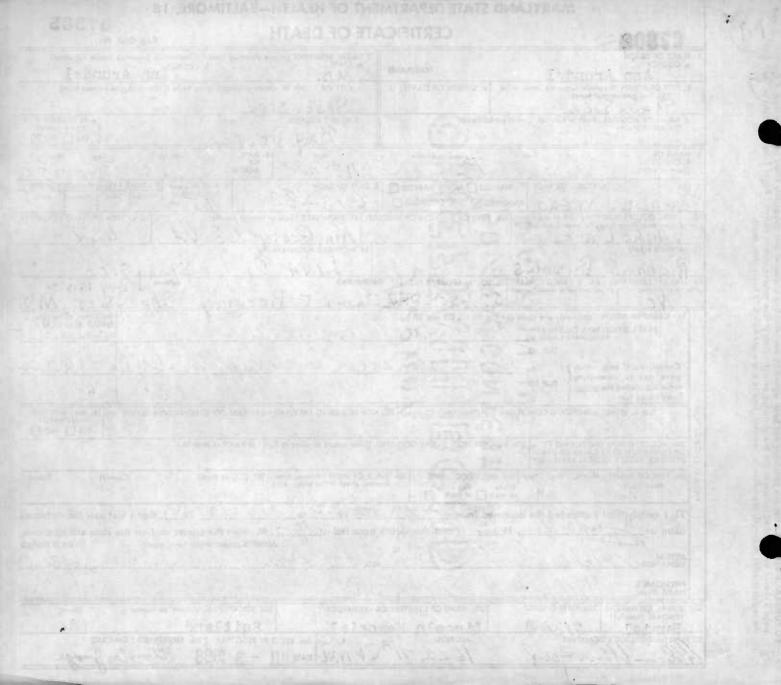
2 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7903
FOR STATE	Item#10 & 11, FilmGLMEDICAL EXAMINER'S CERTIFICATE OF DEATH	1303
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth D	Doy Year 2b. HOUR
9 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Type or Print) Correct C Johnson DEATH MATED 6/	8 168 PM
delay	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) 6. AGE (In years lost birthday) MONTHS DAYS HOURS MIN. Month Day	Year / 2d. HOUR
P P	74 74 76 YRS.	M M
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)	
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de d	give street oddress) during most of working life, even if retired.)	NDUSTRY
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adeath death	admission) STATE Md. 13b. COUNTY, Baltimore YES □ NO 反 217 Berlin	Ave:
hours after death Item 18. Give Pag Office along with Iand 2 with the va	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	James MMN Flemmings Corine NMN	Bowie
within 24 pencil in caminer's ile pages 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	7 3 1
with per year xar xar 1/2	(Yes, no, ar unknawn) (If yes give war ar dates of service) Helen Johnson 217 Ber	lin Ave.
This certificate shauld be executed cate, writing the word "pending" in be farwarded to the Chief Medical E. be used as a burial-transit permit. F. ir remaval, and in any event within	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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INER: I te certific shauld be files. 3 shauld a shauld a shauld	PRIMARY OR CONTRIBUTING HOUR A.M. 6-18 1968 Our money or Crossed Cause of Death 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Mr. City ar Tawn	County State
bical Examiners: se execute the certi- ector. Page 4 shauldined far yaur files. RECTOR: Page 3 shau a burial, crematian,		na MO
EAL EXA execute or. Page d far ya TOR: Page urial, cre	22a. I certify that taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry	and in my apinian
CTO buri	death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined manner [
please explease exple	CHIEF MEDICAL EXAMINER	
y, pleery, pleery are reto	SIGNATURE	IGNED -18-68
DEPUTY DICAL EXAM seessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar to burial, crem	EXAMINER'S DEPOT MEDICAL EXAMINER	10
TO DEPUTY necessary, if the funeral 5 may be in FUNERAL Health print	NAME (Type) ADDRESS(Street, city, town, or county) 23d. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((Caunty) (State)
5 3 5 - 1	REMOVAL (Specify)	Md.
0	24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI	GNATURE
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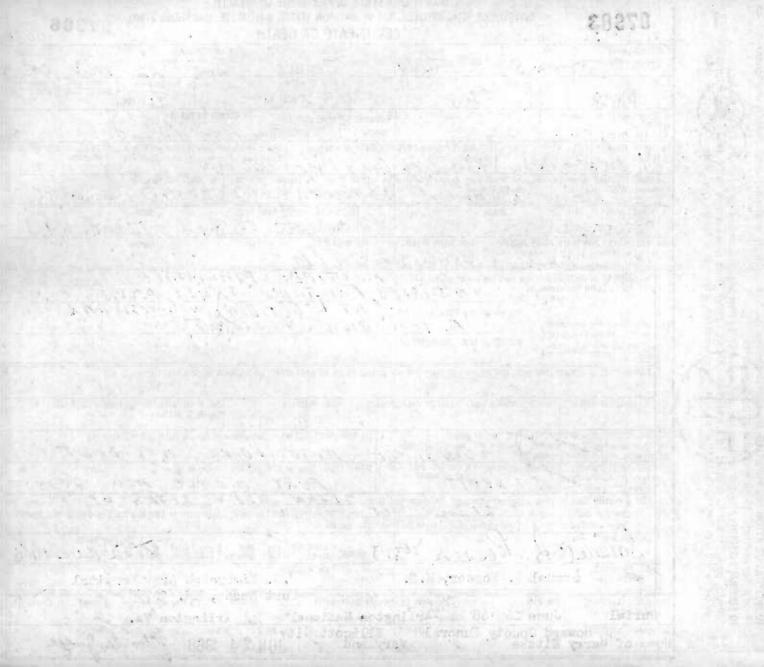
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07904 CERTIFICATE OF DEATH Elizabeth 2b. HOUR P DECEASED-NAME Middle. Lost 2o. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. **Feath** Johnson and (Type or print) Blanche Month The fur 4. RACE White 3. SEX Female 6. AGE (In years IF UNDER I YEAR 1900 DAYS last birthday) MONTHS HOURS YRS 7o. BIRTHPLACE (Stote or foreign signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carban papers. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Virginia Anna Arundel WIDOWED [DIVORCED [burial, crematian, ar remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give specification of the property of the period of the property of the period of the 10, CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY XX 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUND yeen Anne Grasonville YES XX. NOA 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Unknown. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Howard D. Johnson-Grasonville, Maryland (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR, AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? has CAUSES OF DEATH? YES 🗌 NO A State Dept. af Health this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceosed fram saw the deceased alive an 2/ 1965, and that in (my) (aur) apinion death accurred on the date and haur and fram the saw the deceased alive andirectar, page 3 shauld shauld be filed with the causes stated abave, (I) (w) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S NAME (Type) 3c. NAME OF CEMETERY OR CREMATORY rlington National 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Caunty) June 6 VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17905 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Arunde] Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Shabu Side Phadu 2195 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF Middle Lost 4. DATE Day Year (Type or print) Son DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Haurs DIVORCED WIDOWED X 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) ng George 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATIO PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. m. While Not while of work of wark p. m. Lane 30 19 68 that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at____ alive an I.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) REMOVAL (Specify) Lincoln Memorial Suitland Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 20000 15M 9/55



200				MARYLAND STATE DEPARTMENT OF HEALTH
R	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	-			CERTIFICATE OF DEATH 0036
خ	24			ECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
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#	ت <u>با</u> ق			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INJURIES FRACTURED SKULL PELVIS 819.9 DUE TO, OR AS A CONSEQUENCE OF RT. LEG (TIBIN), PWELMOTHORAX
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8.5	has been se as the the prior to	5	1 €	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
9 4	as as		5	CALIFFE OF DEATHO
두	The second	- 17	CERTIFICATION	YES NO CAUSES OF DEATH?
z č	this certificate letached far us Dept. af Healt	14		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
₹	語る王		3	OR CONTRIBUTING (DEADS OF DEATH HOUR A.M. Manth Day Year P.M. JUN 21 1968 AUTOMOBILE ACCIDENT
S	ed ent		MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
₹ 4	ach ach	Free		While — Not this — A second of the second of
<u>a</u> a	e ‡ is	5	0.1	I-DRT MEADE MU. 10155
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	refulling by the traspitation of aristrating prifstation. ECTOR: After this certificate has been signed by the attending physician and camplete 3 shauld be detached far use as the burial-transit permit. Then please remaye carl with the State Dept. af Health prior to burial, crematian, or remayal, and in any event,	2		22a. I certify that (I) (this haspital) attended the deceased from 2/54N, 19/67, to 2/54N/9/67, that (I) (we) last saw the deceased alive an 2/54N/9/67, ond that in (my) (aur) opinion death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady ofter death.
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	the the			causes stated above (1) (we) (did) (did not) view the bady after death.
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0 4	ed ed			Danuel B. Resser Wy DEGREE PHYS. DIRECTOR D PHYS. \$ 22 June 1968
A P	- 1 8° =			22d. PHYSICIAN'S
= E	P	- [NAME (Type) Samuel B. Rosser, M.D. "U.S. Kimbrough Army Hospital
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	roge 4 may be returned to FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		00	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY FOT 1250 TOTATION (City of Young) (County) (State)
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VR A15 (4)			County FuneralDDRES		a. REC'D BY REGISTRAR	25b. REGISTRAR'S	IGNATURE	2.
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07907 37910 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR completely filled in by the funeral nove carban papers. Pages 1, and 2 y event, within 72 hours after geath PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month LYDA ELIZABETH KINDER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR DAYS last birthday) White Nov. 16,1906 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED (ountry) Maryland U.S.A. WIDOWED A DIVORCED [Anne Arundel IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY Glen Burnie Own Home Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATMaryland 13b. COUNTY Anne Arundel Severn NO X Box #35 Telegraph Rd. YES 🗌 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last Unknown Hartman Emma Beck 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give war or dates of service) Yes, no, or unknown) Mr. Herman Kinder (husband) Same as none burial, crematian, ar removà none APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT THROM BOSIS CORONARY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ATHEROSCIERS IS ZYRS Canditians, if any, which gave: signed by the burial-transit ORONARY rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [NO A 21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1-22, 1955, to 6-17, 1968, that (1) (we) lost sow the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated abave, (I) (we) (did) (aid not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF MD DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Glen Haven Memorial Pk. Glen Burnie, Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUN 20 1968 Ochanles Singleton Glen Burnie, Md.

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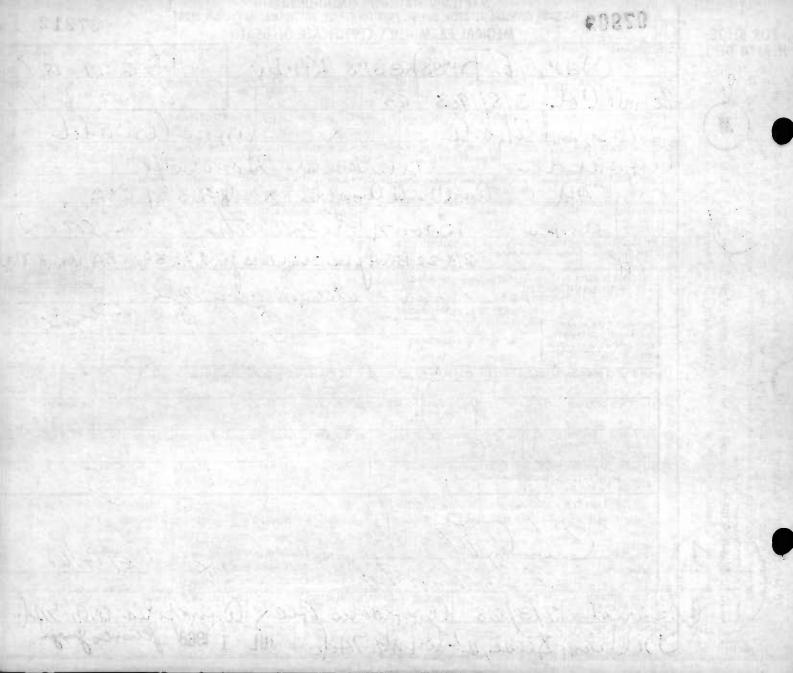
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deoth.		ECEASED-NAME First Type or print) Tla	Middle NMN	Kinsley	20. DATE OF DEATH 6 Month 22	2b. HOUR 6:0
	3. 5	F	4. RACE	S. DATE OF BIRTH 4-11-14	6. AGE (In years last birthday) 54 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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bon por within		CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR IN give street oddress) North Arune		AL OCCUPATION (Kind af wark done ost of working life, even if retired. Housewlife	
complete car vecar	odm	ission) STATE Maryland	ed lived, if institution: Residence befare 13b. COUNTY Anne Arunde1	13c. CITY OR TOWN 13d. INSIGE CITY LI Pasadena YES NO		Ave
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Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages, and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours when	NO	PART I. DEATH WAS CAUSE IMMEDIA Canditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC		
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rage 4 may be retained by it to EUNERAL DIRECTOR: After director, page 3 should be calculated with the State		22d. PHYSICIAN'S NAME (Type)	B. Ramirez M.D.		AED. STAFF PHYS.	ac DATE SIGNED 2/60
directo should	230	BURIAL, CREMATION, 23b., REMOVAL (Specify)		EMETERY OR CREMATORY	23d. LOCATION (City or Town) Beckley, West	(Caunty) (State) Virginia
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MAKILAND STATE DEPAKTMENT OF HEALTH

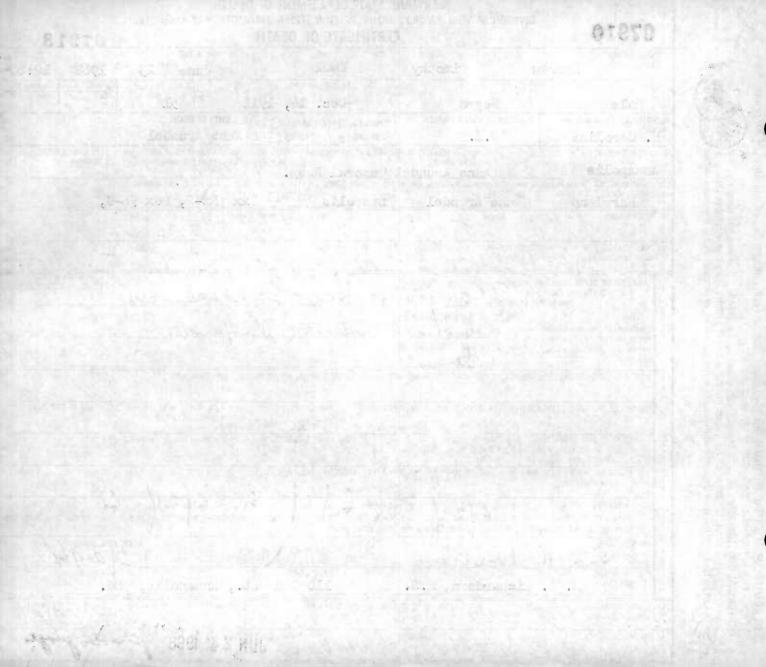
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		MARYLAND STATE DEPARTMENT OF HEALTH	
	7	07903 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07912
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01010
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hoc hoc	16o. (Y	MAS DECEMBED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT. 213-22-13964 Case Break and Research A. F. D. BRU 43	A A . W.
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executed nding" ii Medical permit.		IMMEDIATE CAUSE (0) Wellered likelists January	
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be "pe "pe hief onsi		Conditions, if ony, which gave rise to immediate couse (a), (b)	cert
s certificate should be executed e, writing the word "pending" i farwarded to the Chief Medical used as o burial-transit permit. emoval, and in any event within	100	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	2
sho e w th to th in		lost. (c)'	
is certificate she te, writing the farwarded to used as a buremoval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th rwarded t ssed as o noval, and	z	4500	
certifi arwai used mova	ATIC	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This icote, be fa be u	CERTIFICATION	WAS PERFORMED?	YES NO
4		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18.)
INER: T ne certifice should b files. 3 should nation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
she she nat	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
EXAMINER: cute the certions oge 4 should ryour files. Page 3 should, cremation, I, cremation,		WHILE NOT WHILE OF foctory, office building, etc.)	
ICAL EXA execute for. Poge ed for you CTOR: Pog burial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
ex ex or.		death resulted that Natural equises Accident , Suicide , Hamicide , Undetermined manner	
please direct direct DIREC		CHIEF MEDICAL EXAMINER	
y, ple eral di be retu RAL Di prior		ACTUAL 22h DATE SI	IGNED /
RAN Pr		SIGNATURE M.D. ASSISTANT MILLION CAMPILLER LANGUAGE	29/68
o DEPUTY SICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) ADDRESS(Street, city, town, or county)	
o Hed	230		County) (State)
0	1/3	REMOVAL (Specify) 7/3/68 (Prosporter Heck Ormsporter	7.0. ml
LK.	243	EUNERAL DIRECTOR ADDRESS 250. RECED BY REGISTRAR 25b. PEGISTRAR'S SI	GNATURE
VR A15ME (5)		10 Jan Xooso 11 - Cunty M. DATEJUL - 1 1968 feliane	as Just
IUM KCV. 1/007			M



XXII	05010	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL		
// / .	07910		CERTIFICATE OF DEATH		07913
death.	1. DECEASED-NAME (Type or print) And	First Middle Timothy	KNOX	June Month 23	2b. HOUR A 12:20M
	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
2 7 2 3	Male	Negro	Dec. 16, 19:	9. COUNTY OF DEATH	
hou thou	70. BIRTHPLACE (Stote or foreign country) N. Carolina	7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED MEVER MARRIED DIVORCED DIVORCED	Anne Arundel	Md.
ely filled on poor within 23	10. CITY OR TOWN OF DEATH Annapolis	give street oddress)	NSTITUTION (If not in hospital 120. US during	UAL OCCUPATION (Kind of work done not of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ed v	13o. USUAL RESIDENCE (Where of	eceosed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		
cute omp	odmission) STATE Maryland	Anne Arundel	Annapolis YES -	NS Rt-2, Box 98	-С,
be exe	14. FATHER'S NAME First	Middle En Lost	15 MOTHER'S MAIDEN NAME	First Middle Middle	Lost
rificote hysiciar n pleas val, ond	16d. WAS DECEASED EVER IN U. Yes, po, or unknown)	ARMED FORCES 16b. SOCIAL SECURITY (16b) 4 2 9	rno. 17. INFORMANT 582 Long H	MH318Ches	ter relling
PHYSICIAN: The law requires that the death certificate be executed within 24 hours he hospital or ottending physician. This certificate has been signed by the attending physician and completely filled in by detached for use as the buriol-transit permit. Then please remove corban papers to be Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 2 hours.	PART I. DEATH WAS ON IMPORTED IN CONDITIONS, If only, which is rise to immediate couse	DUE TO, OR AS A CONSEQUENCE O	Conshirtua V	respirator	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-tronshould be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial, creating the state Dept.	stoting the underlying colost. PART 2. OTHER SIGNIFICAN	(c) CONDITIONS CONTRIBUTING TO DEATH BUT		R CONDITION GIVEN IN PART 1(o)	
ICIAN: The law repital or ottending rificote has been d for use os the of Heolth prior to	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200. AUTOPSY? YES XX NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
CIAN: Ti oital or o tificote h d for use of Heolth	21o. ACCIDENT WAS UNDER CAUSE OF CAUSE	DE DEATH HOUR A.M. Month Doy Yea	21c. HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Port 2	, Item 18.)
VING PHYSIC by the hospit fler this certif be detached Stote Dept. of	While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FOFFICE BUILDING, ETC.	18	ed class	County Stote
O HOSPITAL OR ATTENDING Poge 4 may be retained by th O FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State	causes stated a) (this haspital) ottended the deceo ed alive an 23 bave, (I) (we) (did) did nat) view the	sed from, 19 _19, and thotlin (my) (our) o e body after death.	pinion death accurred on the c	(we) last date and haur ond fram the
OR AT be reto DIRECTO	22b. SIGNATURE	Reliandra	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED
HOSPITAL OR ge 4 moy be FUNERAL DIR! rector, poge 3		L. Richardson, M.S.			Md.
Poge To Fun	230. BURIAL, CREMATION, REMOVAL (Specify)	10-26-68 Du	F CEMETERY OR/CREMATORY	23d. 10tation (City or Town)	Oly State
VR ALS AN 30M REV 68	24. FUNERAL DIRECTOR	Reasett ann	a Male 250. RECT	UN 24 1968 REGISTAN	and Judge



12-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	17912 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7914
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month	Doy Year 2b. HOUR
is ta ge	(Type or Print) george w. KongKREMCK DEATH MATED 1 6 7	3. W.S AM
delay and 3 M3 80	3. SEX 4. RACE S. DATE OF BIRTH 10-4-1896 S. DATE OF BIRTH 10-4-1896 AGE (In years lost birthday) MONTHS DAYS HOURS MIN. Month Doy 7/6	3 Yeor 65 A. M
orm P. 2, 2, dring P.	70. BIRTHPLACE (Stote or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A. A. CO-	Mc
after death. 8. Give Pages 1, along with farm. with the State Death.	Glew BORNIE give street oddress) ARUN DLE Hospital most of working life, even if retired.)	2b. KIND OF BUSINESS OR NOUSTRY
0 0 0	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Odmission) STATE MD 13b. COUNTY A A CO . YES \(\sum NO \) 1922 CedauRd	Poplar Ridge
24 haurs in Item 11 rrs Office es I and 2 rrs offer des Tand 2 rrs offer	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Bowers Karkerine	Last
within 24	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 217-03-5493 Mis Searl Kongkreiner San	· 10-
executed nding" in Medical E: permit. F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriolablesia generally DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
auld word he Ch iat-tra any	rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
icate ing the ded to ded to as a b	4500	
his certificate shate, writing the te farwarded to the be used as a bur remaval, and in	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Her	20. AUTOPSY? YES NO
# 7 4 5	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION, Street or R. F.D. No. (ity or Town)	n 18.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Town	County Stote
Typease exected displaying the second displaying the creation of the creation	22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspection , Inquiry death resulted from . Natural causes , Accident , Suicide , Hamicide , Undetermined manner . CHIEF MEDICAL EXAMINER	and in my apinian
0 - 4	EXAMINER'S ADDRESS(Street, city, town, or county) EXAMINER'S ADDRESS(Street, city, town, or county)	iped.
5 = = 2 E	Berief 6-26-68 Oak Laun Balto -	(County) (State)
VR A15ME (5) 10M REV. 1/68	Themal. Hoffmann 3218 Lenden St 250. REC'D BY REGISTRAR 250. REGISTRAR'S SI DAN UN 26 1968	GNATURE Sudge

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1 1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	V 4 3 1 4	37915
	1. DECEASED-NAME (Type or print) Robert Henry LAMB, Sr. June 7 1	2b. HOUR 12:40
	Male White Dec. 22, 1890 last birthday) YRS. MONTH	DER I YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN
	70. BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel	Mo
53	Annapolis give street oddress) Anne Arundel Gen. Hosp. during most af warking life, even if retired.) INI	b. KIND OF BUSINESS OR DUSTRY
2.2		ve.,
	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle 14. KNOWN	Lost
	166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes WW I 166. SOCIAL SECURITY NO. 216-36-5625 Edna P. Lamb - same as #13 above	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carrier of the country of the cou	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave tise to immediate couse (o), (b) Conditions, if any, which gave tise to immediate couse (o), (b) Conditions if any, which gave tise to immediate couse (o),	10 gu.
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	V
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c. HOW INITIRY OF CHIRPED. (Enter nature of initial initia	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 19	8.)
	While Nat while at work at wark	inty Stote
	22a. I certify that (i) (this haspital) attended the deceased fram 1968, and that in (my) (aur) apinian death a curred an the date are causes stated abave (II) (we) (did) (did nat) view the bady after death.	, that (1) (we) las
	22b. SIGNATURE JULIUS dum DEGREE PHYS. MED. DIRECTOR PHYS. 22c. DATE STAFF PHYS. 22c. DATE STAFF	
1	22d. PHYSICIAN'S NAME (Type) John L. Hedeman, M.D. 22e. ADDRESS 1407 Forest Drive, Annapolis,	Md.
	Burial June 10,1968 Hillcrest Cemetery Apparolis A	unty) (State) Md.
58	HOPPING FUNERAL HOME - Annapolis, Mc. 250. REC'D BY REGISTRAR 250. REC'D BY REC'D	

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			bit of walls and

MARYLAND STATE DEPARTMENT OF HEALTH 07913 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07916 CERTIFICATE OF DEATH 2b. HOUR P Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death (Type or print) Month LATNEY Tring 1968 June NMN 9:70" S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4 RACE 6. AGE (In years lost birthday) MONTHS OAYS Negro Female June 26, 1968 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) U.S. WIDOWED [DIVORCED [Maryland Anne Arundel filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital within 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

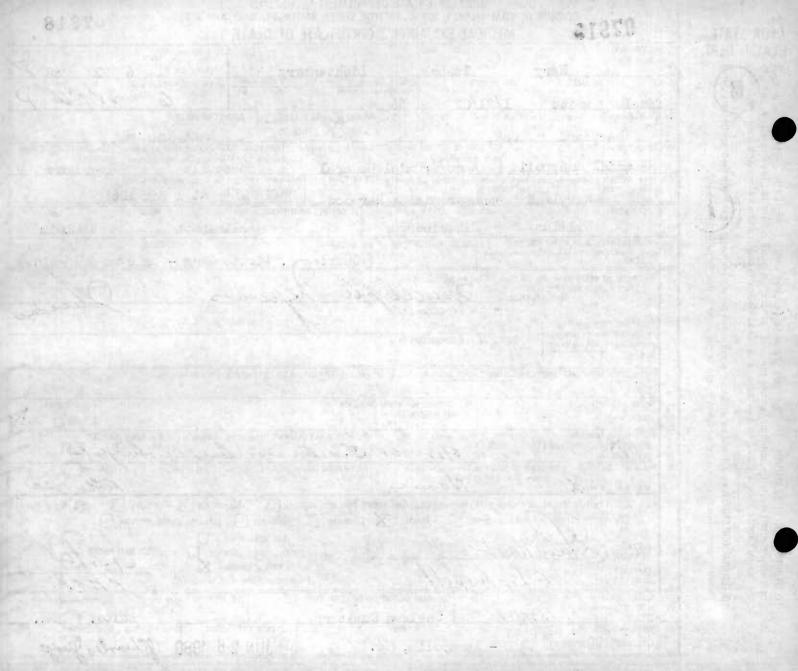
Newborn give street oddress) INDUSTRY carbon Anne Arundel Gen. Hosp. completely Annapolis event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Anne Arundel 306 Centre St. Apt D, YES NO F Annapolis in any Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First puo Charles Frank Latney Billie Mickall Jovce physicion puo 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) cremation, or removol, Hospital records None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State State Dept. While Nat while 22a. I certify that (1) (this box ited) attended the deceased fram. 6-26, 1968, to 6-26, 1968, that (1) (word lost and that in (my) (out) opinion death occurred on the dote and haur and from the saw the deceased alive an_ director, page 3 should should be filed with the couses stoted obove (1) (we) (did)(did not) view the body after deoth. DATE SIGNED 22b. SLOSHATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 1411 Forest Drive, Annapolis, Md. Francis M. Kopack, M.D. 23o. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE Burial (Specify) Rd 24. FUNERAL DIRECTOR 7Annapelis, Md 30M REV. 1/68

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE		07914 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07917
FOR STATE HEALTH DEPL	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	
		YPE OF Print) OF ESTI-	Doy Yeor 2b. HOUR
lay is 13 to Page ent of	3. 5	DEATH MALED	2d. HOUR
PM3. Pagarantment	1	F VY 8-4-2- last birthday] MONTHS DAYS HOURS MIN. Month 6 Doy 10	
J, 2, m Pl	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
farr farr		"// aryland 0 3 A WIDOWED DIVORCED 74.4. CO.	Md.
fter death any delay is Give Pages 1, 2, and 3 to ang with farm PM3. Page ith the State Department of	9		2b. KIND OF BUSINESS OR NDUSTRY
alang alang with t death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before USC, CITY OR TOWN 13d. INSURECITY UMITS? 13e. STREET AND NUMBER	31-113
de de de		The manual - The same	W 419
24 hours after death in Item 18. Give Page in Item 18. Give It	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS	
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ecuted v ling" in edical Ex ermit. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (f). PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" iv ef Medical isit permit.	1.9	IMMEDIATE CAUSE (o)	bushen
be exemple be exemple be exemple be exemple.		Onditions, if ony, which gove)	
d be d '' G Chie rran		rise to immediate cause (a). (b). (b).	
This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit. File page or removal, and in any event within 72 hours		stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF	X
s certificate she, writing the farwarded to used as a bu emoval, and ir		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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is certificate to, writing the farwarded to used as a bremoval, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be fa	RTIFI		YES NO
连五 平 0	CAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 6-10 19 68	n 18.)
INER: e certifi shauld files. 3 shauld	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or M.F.D. No.	County Stote
ICAL EXAMINER: execute the cert far. Page 4 shauld be far yaur files. CTOR: Page 3 shau burial, crematian,		WHILE NOT WHILE AT WORK AT WORK AT WORK	AACO MS
bical EXA please execute director. Page retained for you. DIRECTOR: Pag or to burial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinian
elease e directar estained DIRECT		death resulted from Natural causes 🗌 , Accident 🔲 , Suicide 🖳 , Homicide 🔲 , Undetermined monner 🕻	
direc direc direc birec		ACTUAL CHIEF MEDICAL EXAMINER C	
y, ple eral di se retro RAL Di priar		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE SI	IGNED
O DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for yage O FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) E. Lin horizontal Examiner ADDRESS(Street, city, town, or county)	-10-60
TO D S m S m S m S m S m S m S m S m S m S	230	REMOVAL (Specifyl)	(County) (Stote)
AR	24	Durial 6-14-68 Song/ tell amelly Raurel	CNATURE
VR A15ME (3)	24.	FUNERAL DIRECTOR ADDRESS' ADDRESS' 250. REC'D-DY REGISTRAR 250. REC'S DATE ALLOW 20 1968 ADDRESS' DATE A VIVIN 20 1968	les Judge
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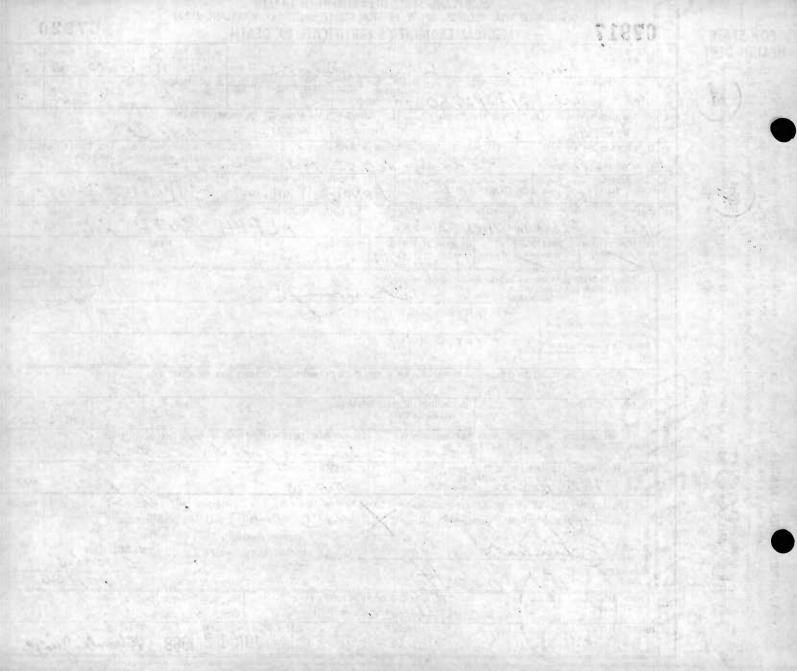
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11	MAKTLAND STATE DEPAKTMENT OF HEALTH	
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	8
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN X Manth Day Year	2b. HOUR
is o o	(Type or Print) OF ESTI- DEATH MATED DEATH MATED 1968	0 77 N
5m6	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours I FUNDER 1 YEAR TO UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HQUR
deloy and 3 M3. Po	female white 7/37/00 lost birthdoy) MONTHS DAYS HOURS MIN. Manth Day 2 fear	10
25.5	female white 1/21/02 66 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	N N
De 3 -	(country)	
after deoth 8. Give Pages 1, along with form with the State De	Mary Land 1 USA Mille Might ST	Mi
offer death 3. Give Pag salong with the Statut.	give street address) during most of warking life even if retired \ INDUSTRY	PINE22 OK
g w g	Marioda Annapolis Anne Arundel General housewife own home	2
18. Girls 2 with death	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY 13c. STREET AND NUMBER	
	odmission) STATE Maryland Anne Arundel Harwood YES NO Rt 1 Box 106	
hours Item 1 Office ond 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Los	st
	William Hitzelberger Elizabeth Lambd:	in
hin 2 ncil in nineri poges hour	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 117, INFORMANT ADDRESS	
within pencil xominè ile pog	(Yes, no, or unknown) (If yes give wor or dotes of service) Charles P. Lichtenberg - same as # 13	above
with personal File		
be executed "pending" in iief Medical E nosit permit. F event within		T AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Middle HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTI-MIChAE 3 to Poge DEATH MATED 4. RACE AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH PM3. Day 10 Le 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) WIDOWED [DIVORCED [Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Anne ARLNOEL-gen during most of working life, even if retired.) **INDUSTRY** 0001 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY OCONO hours tem Middle after 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Last 9 .E 4 should be forwarded to the Chief Medical Exominer's haurs pages 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, ng, or unknown) APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND GEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a), in ony certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 05 or removol, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO the certificote, pe 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL cremotion, 1968 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State factory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Poge NOT WHILE 100 please execute n.A. Co burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry M and in my apinian Natural couses Accident Suicide Hamicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth ADDRESS(Street, city, tawn, ar county) NAME (Type) 50 23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



2		MARYLAND STATE DEPARTMENT OF HEALTH					
EOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH					
FOR STATE HEALTH DERT.	1 0		9 7 10 HOUSE				
HEALIN DEKI.	1. (Type or Print	Day Year 2b. HOUR				
35 g ±	3. 51	THE STATE OF BIRTH 6. AGE (in years 1F UNDER 1 YEAR 1F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	1 160 17 M				
ny deloy 2, and 3 PM3. Po portman	3. 31	M (1) O O) 10 3 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10	Year 2d. HOUR				
ny de 2, and PM3.	70 1	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	1960 M				
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oges fin to	10. 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR				
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2 w	0	dmission) STATE M.D. 13b. COUNTY H. H. DOVIDSONVILLE YES IN NO					
24 hours after in Item 18. Giver's Office olong es I and 2 with the presented of the presen	14. F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last				
24 Hin Hin His C		UASHINGTON MUNROE MASON MARY O	TAUST				
INER: This certificate should be executed within 24 hours after death. e certificate, writing the word "pending" in pencil in Item 18. Give Poges should be farwarded to the Chief Medical Examiner's Office olong with Tofiles. 3 should be used as a burial-transit permit. File pages I and 2 with the State lotton, or removal, and in any event within 72 hours offer death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DOROS HY MASON 13CO					
id with the lead of the lead o		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
be executed "pending" in nief Medical E. onsit permit. Fevent within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malathian Journal	Schan				
Me T pe		950, 9 DUE TO, OR AS A CONSEQUENCE OF	1				
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ony		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF					
should be executed he word "pending" i to the Chief Medical burial-tronsit permit.		last. (c)					
This certificate should be executed within cote, writing the word "pending" in pencil be farwarded to the Chief Medical Examine! be used os o burial-tronsit permit. File page or removol, and in ony event within 72 hours	~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)					
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ote, e far be u be u	RTIFIC	WAS PERFORMED?	YES NO Z				
JICAL EXAMINER: This certificate please execute the certificote, writing the director. Page 4 should be farwarded tretoined far your files. DIRECTOR: Page 3 should be used as a port to buriol, cremotion, or removal, and	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	rem 18.)				
	MED	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote				
JICAL EXAMINER: se execute the certicor. Poge 4 should ned for your files. ECTOR: Poge 3 should buriol, cremotion,	13	WHILE NOT WHILE of foctory, office building, etc.)					
L EXA xecute Poge far you DR: Pog		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian				
ICAL E. e executor. Pog ed far CTOR: buriol,		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner					
JIY DEGSE ereol director be retoined RAL DIRECT prior to bu		CHIEF MEDICAL EXAMINER					
ny, ple erol di be reto RAL Di prior	9	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED				
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o DEPUTY DICAL EXAM necessary, please execute the funeral director. Poge 45 may be retained far young of FUNERAL DIRECTOR: Page Health prior to buriol, crem	-	NAME (Type) F. Lip bar RUT ADDRESS(Street, city, town, or county)	7 ACO				
5 = 2 5 +	3	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY DAVIDSONVILLE METH. DAVIDSONVILLE	P.A. MSiate)				
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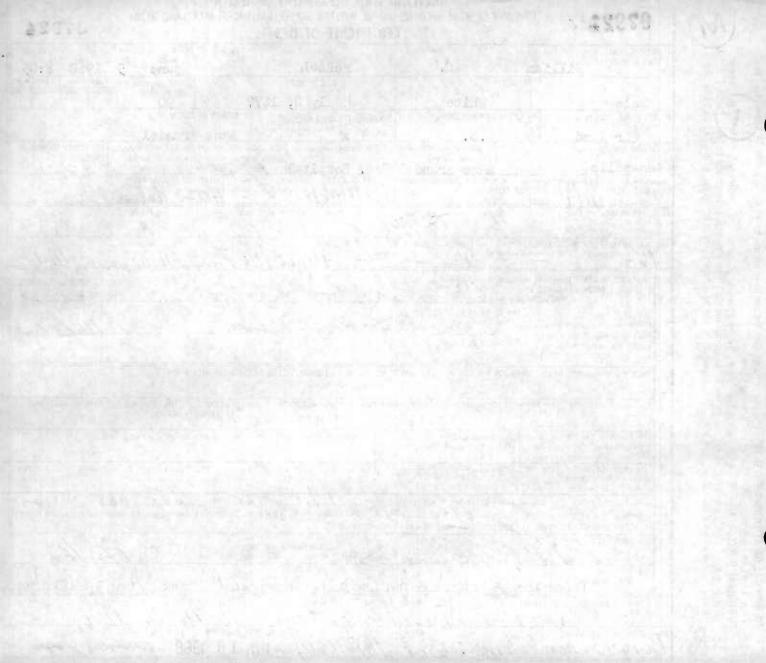
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR deoth. unerol (Type or print) Month Year Day om 35 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNCER I YEAR IF UNOER 24 HRS lost birthdoy) MONTHS DAYS HOURS event, within 72 haurs requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? d completely filled in become corbon popers. DIVORCED [WIDOWED 12a. USUAL OCCUPATION (Kind af wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR give street address) during mest af working the, even if retired.) INDUSTRY 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY YES NO [levelano 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last the attending physician and sit permit. Then please ten and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) Yes, no or unknown) 201 Sile director, page 3 should be detached for use os the buriol-transit permit. Then should be filed with the State Dept. of Health prior to buriol; Fremation, or removal APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. Jacerated IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) tomobile rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retoined by the hospital or attending physicion. signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING AUSE OF DEATH HOUR A.M. Month Doy Year AUTOMOBIL (If either, notify medical examiner) P.M. JUNZI (AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street at R.F.D. No. City or Town County Stote While Not while at work FT. MEADE 22a. I certify that (I) (this haspital) attended the deceased from 31500, 1965, ta 21500, 1966, that (I) (we) last saw the deceased alive an 2500 miles and that in (my) (aur) apinian death accurred an the date and haur and from the 215 a.M. 19 60, that (1) (we) last causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SI MATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 20 ADDRESKimbrough Army Hospital NAME (Type) Samuel B. Rosser 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23a. BURIAL, CREMATION, Cleveland Ohio Bu PEMOVAL (Specify) June 26, 168 Evergreen Memorial 24. FUNERAL DIRECTOR Howard County Funeragoress VR A15 (4) Home of Harry Witzke Ellicott City Maryland 30M REV. 1/68

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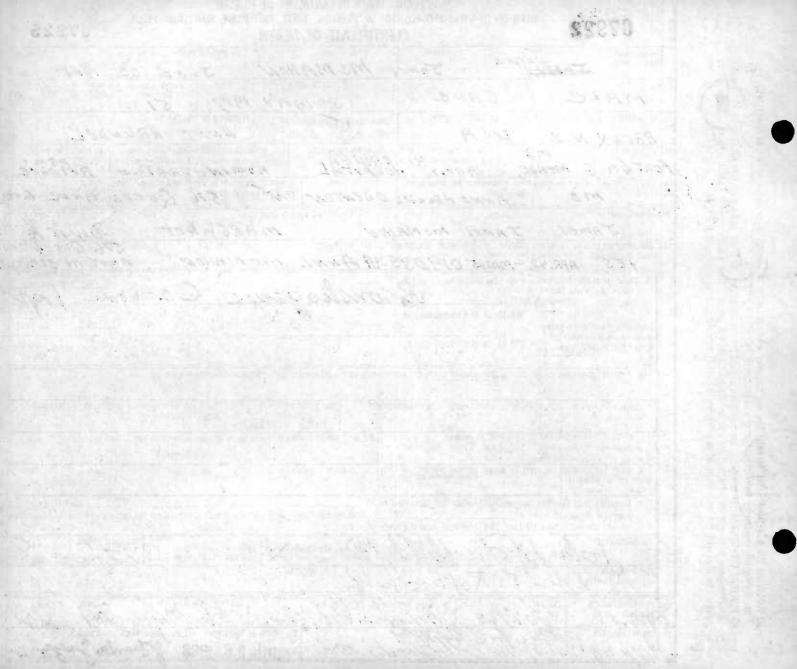
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07920 CERTIFICATE OF DEATH 77090 2b. HOUR 1. DECEASED-NAME Lost 2o. DATE OF DEATH Month (Type or print) ELIZABETH NMT MA TSON 968 June 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 3. SEX lost birthdoy) Feb. 2, 1882 Whi te Female. hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Norway WIDOWED U.S. DIVORCED Anne Arundel. directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pag should be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) give street address Charles St. INDUSTRY Brooklyn Park 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Marvland 13b. COUNTY NO. A. A. Co. YES 211 E. Charles St. Brooklyn 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost First Unknown Crogan Address 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) (If yes give war or dates of service) Yes, no, or unknown) Mrs. Olga McClintock APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO A YES 🗌 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21d. INJURY OCCURRED While Not while at work 220. I certify that (I) (this hospital) attended the deceased from _______, 19 @@___, to________, 19 @8___, that (I) (we) lost sow the deceased alive on ________, 19 @8___, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING June 25, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Dr. Eugene Schnitzer Hanover St. NAME (Type) 23d. LOCATION (City or Town) (County) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify) Howard Co., Maryland Meadowridge Memorial Pk 6-27-1968 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATUL George J. Gonce-4001 Ritchie Hgwy., Baltimore

E C C C COURS - C Case Sugar Co ACETAN TO MERCHANISTS OF THE SECOND Teb. 9, 1987 Control of the contro THE PARTY OF THE PROPERTY OF T Coopen Pagazona CAST LIST PRESENTE VI 147 2 3 the comment of the state of the state of mod him empio , oil al and brains had been been been broaded II Bact-ro-A from the

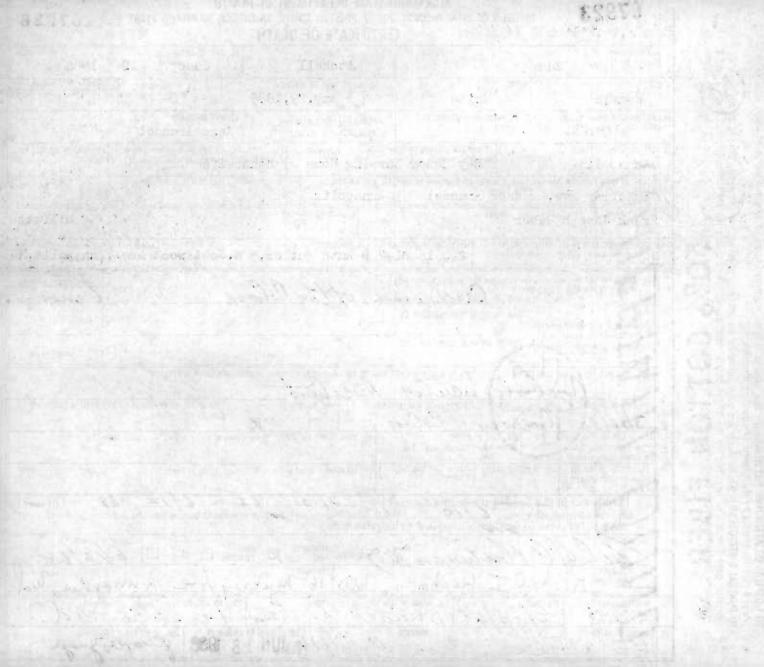
		MARYLAND STATE DEPARTMENT OF		
(M)	07921. DIVISION OF VITAI	RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	07924
2	DECEASED-NAME First	Middle Last	2a. DATE OF DEATH	2b. HOUR
by the ottending physicion and completely filled in by the fugueral transit permit. Then please remove carbon paper. Bages 1 and 2 cremotion, or removal, and in any event, within 72 hours offer death tremotion, or removal, and in any event, within 72 hours offer death tremotion, or removal, and in any event, within 72 hours offer death tremotion.	(Type or print) William	✓ MeFAUL	Month Day	1968 8:05 M
3.	SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In yeors last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	Male White		7 90 YRS.	
	, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COU	MANAGED WELLK MANAGED	9. COUNTY OF DEATH	
	Maryland U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
- 2	give street or	HOSPITAL OR INSTITUTION (If not in hospital during J	UAL OCCUPATION (Kind af wark dane nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	Annapolis Anne A	rundel Gen. Hospital Asidence before 134 CITY OR TOWN 134 INSIDE CID	HORNEY LIMITS? 13e. STREET AND NUMBER	12921
	a. USUAL RESIDENCE (Where deceased lived, if institution: Remission) STATE 13b. COUNTY		10 4023 Kelzna	1 Ave.
1 14	FATHER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME	First Middle	Lost
	JOHN H	MCFAUL MARG	A	Nen
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes not ar unknown) (If yes give war or dates of service)	SCIAL SECURITY NO. 17, INFORMANT	Mr Faul Annan	le Me
-	TO CAUSE OF BEATH (Fater only one cause on line for /	11.711416577	ic part things	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY:	1 1101	· Ocean	BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (a) DUE TO, OR AS A CO	SCENIENCE DE	eew	sakye
	(anditions, if any, which gave)	issely Sui Hood Des	rece	Unkusum
,	rise to immediate cause (a), Stoting the underlying couse DUE TO, OR AS A CO	NSEQUENCE OF		
	last. (c)			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	
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J. CEDITION	19a. Date of operation 19b. Condition for which opi	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
		Y 21c. HOW INJURY OCCURRED (En	ter nature af injury in Part 1 ar Part 2, I	tem 18.)
MEDICAL	(If either, natify medical examiner) P.M.	19		
AA	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOM OFFICE	IE, FARM, STREET, FACTORY.) 21f. LDCATION Street or R.F.D. I BUILDING, ETC.	la. City or Town	Caunty State
	at wark at work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 11 12 10	10 AL mA (1) / 1 1 1
	22a. I certify that (I) (this hospital) attended saw the deceased alive on	the deceased fram 1968, and that in (my) (one) o		te and hour ond from the
	causes stated abave, (I) (wif (did) (did	ot) view the bady after death.	printer additi occorred on the du	TO GITO HOOF ONE HOTEL INC
	22b. SIGNATURE // // //	2 ATTENDING FE	MED. STAFF 22c. I	DATE SIGNED
	Helland V. Hocke	water had DEGREE PHYS.	DIRECTOR PHYS. 16	15/68
1	22d. PHYSICIAN'S Richard I. Hos	hman M. J. 16 Mer	ray Avenue An	napolis lud
23	3g. BURIAL CREMATION. 231. DATE	23c NAME OF CEMETERY OR CREMATORY	23d_LOCATION (Fity or Town)	(Caunty) (Stote)
0	REMOVAL (Specify) June 7-1968	Druid Ridge Com	132/to Ca 1	nd
2	4 FUNERAL DIRECTOR	- 1/ 5 //	BY REGISTRAR 2Sb. REGISTRAR'S	
6	surgett-unevel Home 3	631 FAISPELLE DATE JU	N 10 1968 your	nes judge
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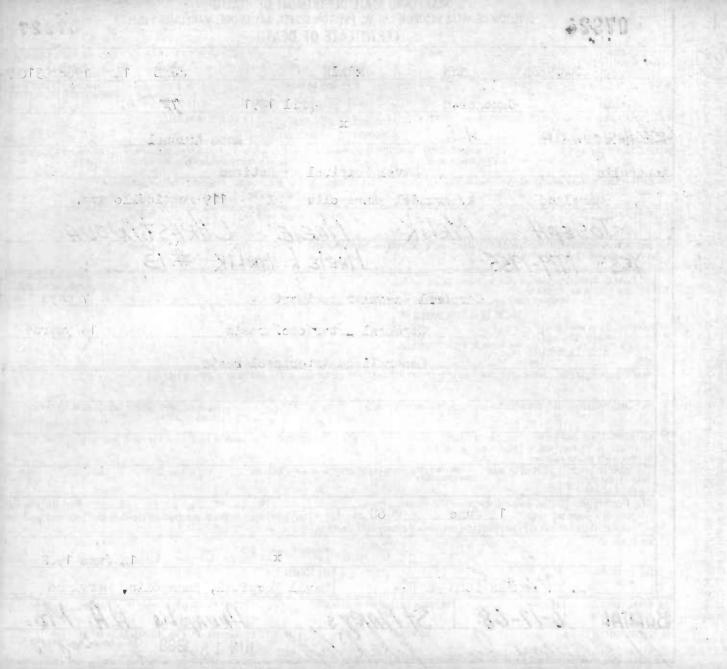
		MARTLAND STATE DEPARTMENT OF HEALTH						
11-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
7/		CERTIFICATE OF DEATH 07925						
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		JAMES MICHAHON JUNE 22 1968						
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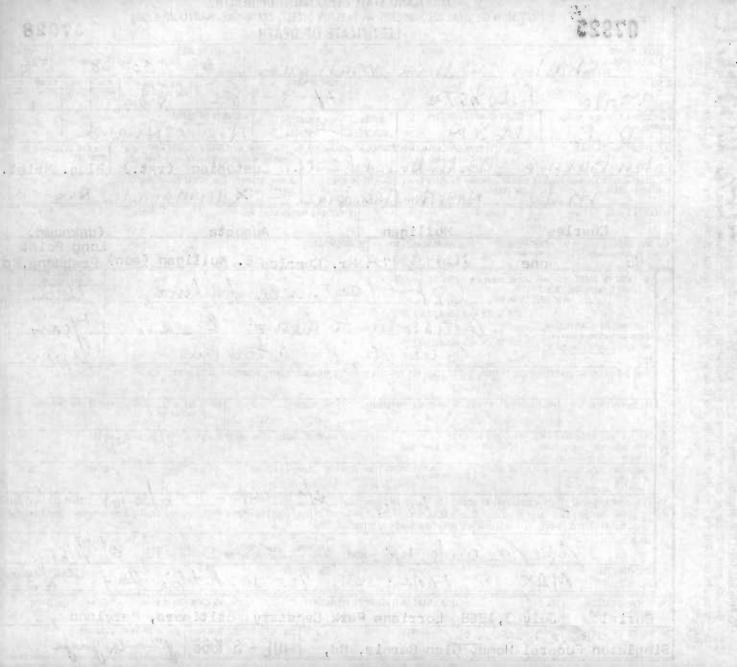


	07923	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT		07926
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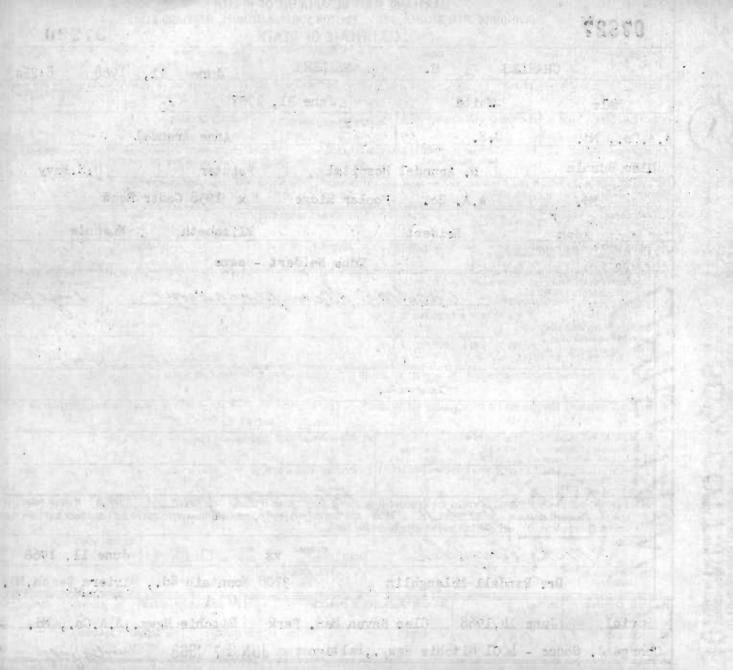
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37927 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR executed within 24 haurs after death. (Type or print) MICHAEL MMN MRLIK sitiont and Empletely filled in by the fun please remave carban papers. Pages 1 II, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) MONTHS ! DAYS 8 April 1891 MALE Caucasian YRS. 70. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED 🗌 WIDOWED [DIVORCED [Anne Arundel 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY USN Annapolis Naval Hospital Retired 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY YES 3 19 Monticello Ave. Arundel Annapolis ar remaval, and in any Middle 0 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First physician and Lost requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Yes, no for unknown) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CINSET AND DEAT PART I. DEATH WAS CAUSED BY: 7 days IMMEDIATE CAUSE (6) _ Cerebral Vascular Accident DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove burial-transit Cerebral Arteriosclerosis 10 years+ rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Generalized Arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram______, 19_____, to______, 19_____, that (I) (we) last saw the deceased olive an 14 June 19_68, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DEGREE 14 June 1968 DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) FORNES LCDR MC Naval Hospital, Annapolis, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 25b. REGISTRAP'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



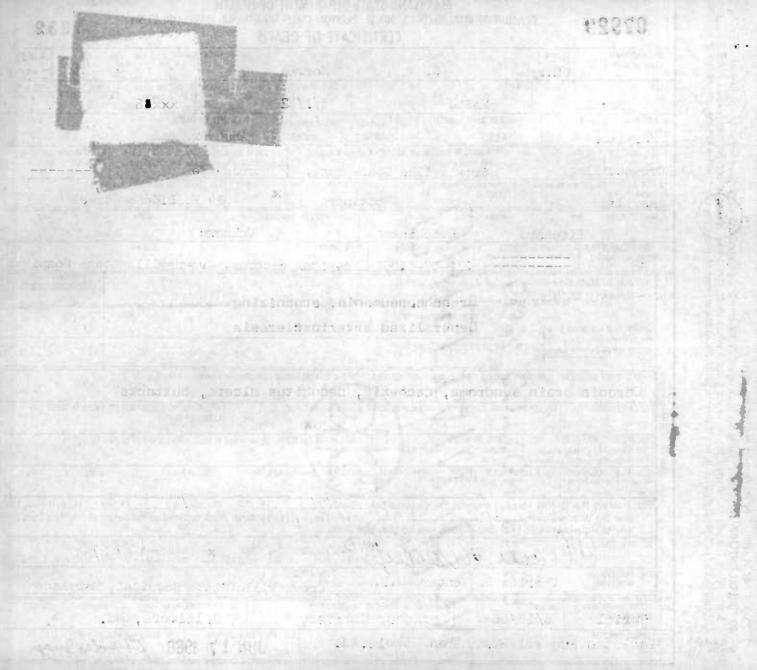


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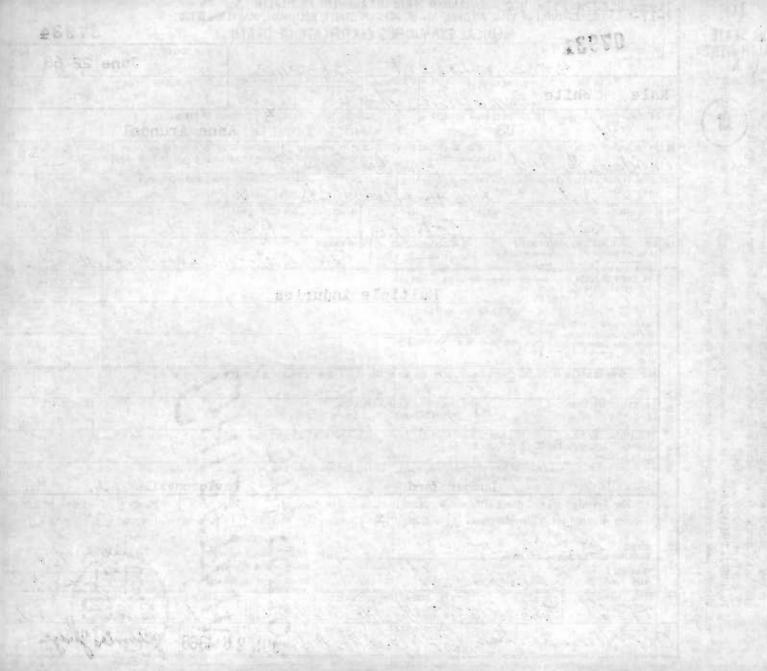
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MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07934
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s certificate should be executed within 24 hours by, writing the word "pending" in pencil in Item I forwarded to the Chief Medical Examiner's Office used as a buriol-transit permit. File pages 1 and 2 moval, and in any event within 72 hours ofter a		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Seen Oshnore Davidson	will med
uted with a scal Exan mit. File thin 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
be executed "pending" in ite Medical E ansit permit. Fevent within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
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nis certificate the, writing the forwarded to se used as a b removal, and	NOI	199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certifie, writiforwar forwar e used removal	CERTIFICATION	WAS PERFORMED?	YES NO
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L EXA Recute Poge for you R:Pog ial, cre		22a. I certify that I took charge of the remains described obave, held an Autopsy , Inspection , Inquiry	ond in my apinian
JICAL E		death resulted fram: Notural couses 🗌 , Accident 🗷 , Suicide 🗍 , Homicide 🔲 , Undetermined manner [
	8	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE S	////
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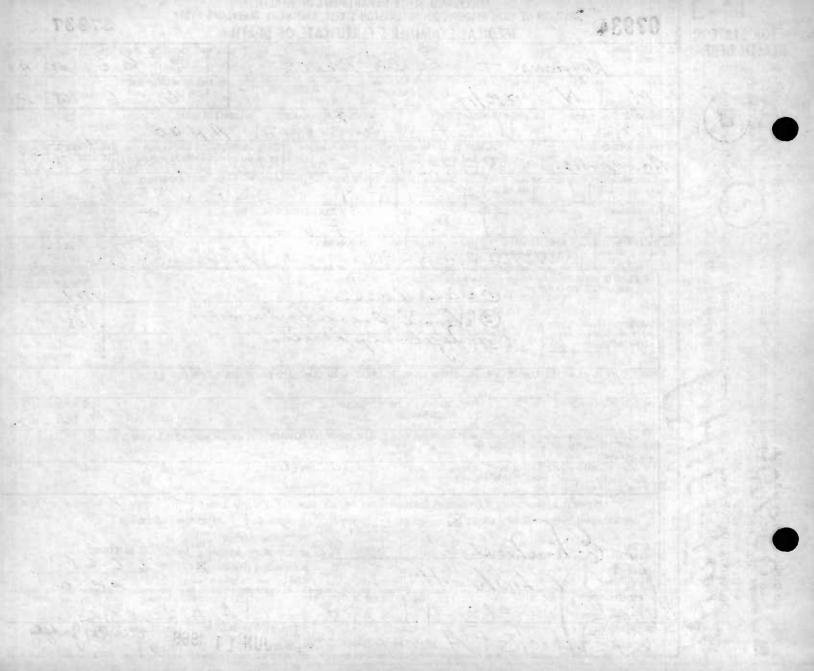
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	П	07932	DIVISION OF VITAL RECORDS		E OF DEATH	NORE, MARYLAND 2120	
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	3. SE	Female	4. RACE while	5. D	ATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR: MONTHS DAYS HOURS MIN
	7a. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED N	L'IER MARKIEU	COUNTY OF DEATH	
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2	51	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II give street address)		during most	OCCUPATION (Kind of work dit of working life, even if retire	ed.) INDUSTRY
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		PART 1. DEATH WAS CAUST IMMED. Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c)	I have	rioschros	UNITION CIVEN IN DART 1/-1	BETWEEN ONSET AND DEATH 5 Days Grahn
	Z	332 X	ONDITIONS CONTRIBUTING TO DEATH BUT	rhing	TERMINAL DISEASE OR COM	NUTTION GIVEN IN PART 1(a)	
K	CERTIFICATION		o. CONDITION FOR WHICH OPERATION WAS P	ERFORMED :	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN+CERTIFYING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Manth Day Yea		NJURY OCCURRED (Enter n	nature of injury in Part 1 or Pa	rt 2, Item 18.)
62 1	ME	21d. INJURY OCCURRED 21e While Nat while at wark	B. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATI	ON Street or R.F.D. Na.	City or Town	County State
		couses stated abav	his haspital) attended the decear alive an re, (I) (we) (did not) view the	sed from JCV 19 98 and the bady after deat	at in (my) (aur) apini h.	ian death accurred an th	
		22b. SIGNATURE	and Fe Anni	DEGREE		D. STAFF PHYS.	22c. DATE SIGNED 3/68
1		22d. PHYSCIAN (NAME (Type)	illard F. Sm	ith MD	22e. ADDRESS	hady Side	, Md.
	230 B	REMOVAL (Specify)	-5-68 Was	CEMETERY OR CREA	2	23d. LOCATION (City or Town)	(County) (State)
	24.	FUNERAL DIRECTOR	GALPEULLE	s Mel	2Sa. REC'D BY	REGISTRAR 1968 ISB. REGISTI	RAR'S SIGNATURE IN GREET

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Total Company Total Court			07000	DIVISION OF	VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIMOR	RE, MARYLAND 21201	970	26
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COUNTY Maine U.S. WIDOWITE DIVORCED Anne Arunde			F		ucasian			6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Annapolis Sava Hospital Housewife		COUL	Maine	U.:	S.	WIDOWED DIVO	RCED 7	Anne Arundel		Mo
135. CITY OR TOWN SUBJAL RESIDENCE (Where deceased lived, if institution: Residence before domission) 134. SIRE FAND NUMBER 134. CITY OR TOWN 134. SIRE FAND NUMBER 134. SIRE FAND NUMB			Annapolis	give	street oddress) Naval	Hospital	during most of Hous	working life, even if retired.)	12b. KIND OF I	me_
Deceased	2	odmi	ssion) STATE Maryland	sed lived, if institu-	tion: Residence before	Annapolis	YES 🔀 NO 🗌	234 Westwood	d Road	
Yes, no, or unknown No No No No No No No N	F	Jo	HN BPe	ceased'		NANCY	1	Deceased		Lost
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While Not while of work OFFICE BUILDING, ETC 220. I certify that (I) (this hospital) ottended the deceased from, 19, to, 19, that (I) (we sow the deceased alive on, 19, ond that in (my) (our) opinion death occurred on the date and hour and from couses stated above, (I) (we) (did) (did, not) view the body offer death. 22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIREC			OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	Month Doy Yeor		CURRED (Enter notu	re of injury in Port 1 or Port 2,	Item 1B.)	
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NAME (Type) MICHAEL F. FORNES NAVAL HOSPITAL, ANNAPOLIS, MD. 21402 230. BURIAL, CREMATION, BEMOVAL (Specify) 7-1-68 PAPERS PROPERTY OR CREMATORY 1210 n2 23d, LOCATION (Gity of Town) 1210 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			22b. SIGNATURE	ul f.	forms	DEGREE PHYS.	NG MED.	OR STAFF 22c	DATE SIGNED	168
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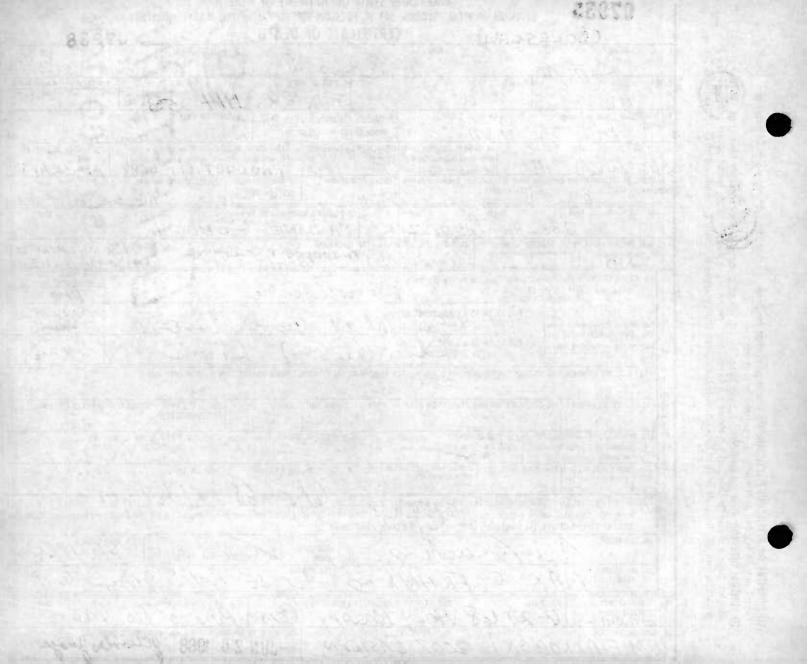
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~ 1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
Manager Comment	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7937
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1001
HEALTH DEPT.		ay Year 25. HOUR
is to of of	(Type or Print) RAYMOND - EDWARD-PARKER DEATH MATED 6 E	168 AM
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years I IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d_HOUR
ny delay 2, and 3 2, pm3. Po	M 2/4/17 Jost birthdoy) MONTHS DAYS HOURS MIN. Month 6 Doy 6	Yeor S PM
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d ve th	HANAPONS. KI, 7- EAGEWALET RETIFECT U.S. NAV	4L EXP.
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	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no. or unknown) (If you prive your declared or service) 19. 14-2190 A. C.	Md.
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		County State
DEPUTY SICAL EXAMINER: cessory, pleose execute the certile funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremotion,	WHILE AT WORK AT WORK factory, office building, etc.)	
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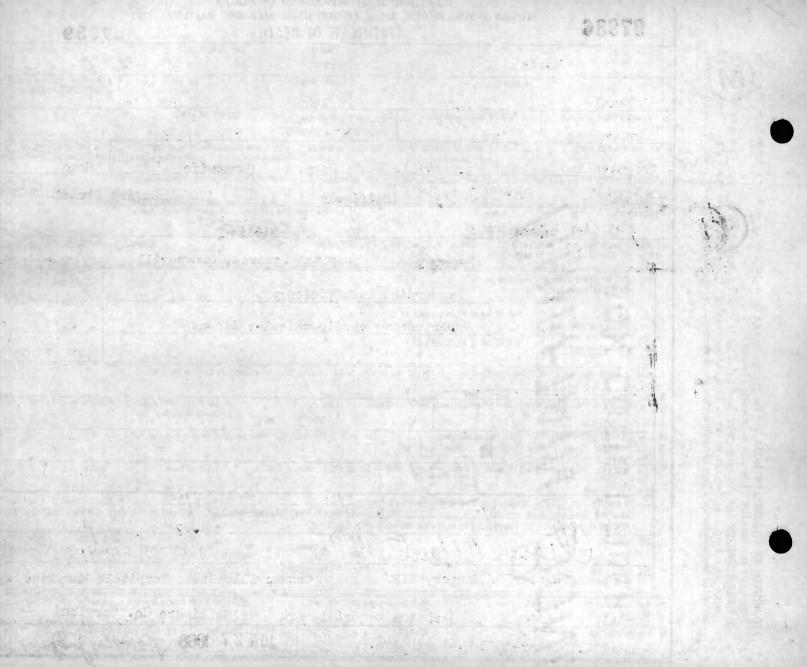


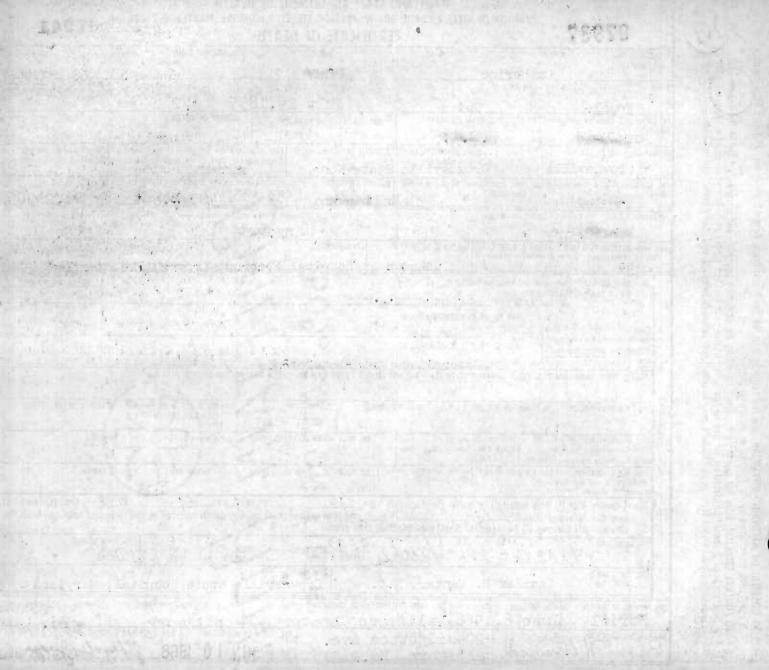
07935 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CBOLESKAW DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Yeor 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS 24 hours after MONTHS DAYS HOURS last birth YRS. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED we corbon papers. event, within 72 h country) WIDOWED [DIVORCED [melecampletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress North ARUndel during most of working life, even if retired.) **INDUSTRY** BIB Hospital Deive GENTER PRODUCTION DEPT AIRCRAFT 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES ond in any 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Lost JOSEPH ASTUSZEK ULINE SOMOLKA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 130 N. LAKEN COL requires that the death certificat JOSEPHINE Yes, no, or unknown) (If yes give war or dates of service) THEODORE BALTO. MD. 21231 burial, cremotion, or removol 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b); ond (c).)
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Health priar to far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY ATTENDING PHYSICIAN: HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while be retained 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 50 24. FUNERAL DIRECTOR REGISTRAR 2Sb. REGISTRAR'S VR A15 (4) 30M REV. 1/68 26 1968 LKOWS

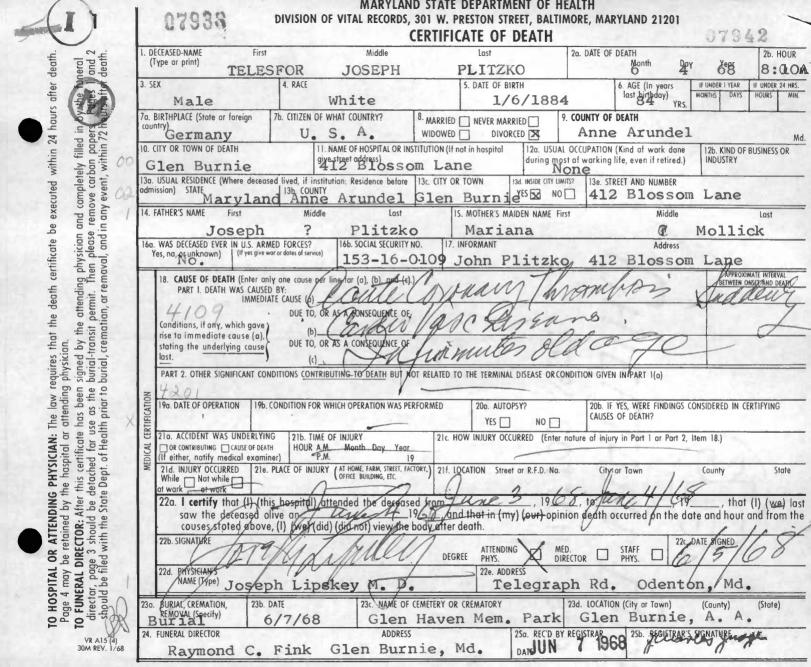
MARYLAND STATE DEPARTMENT OF HEALTH

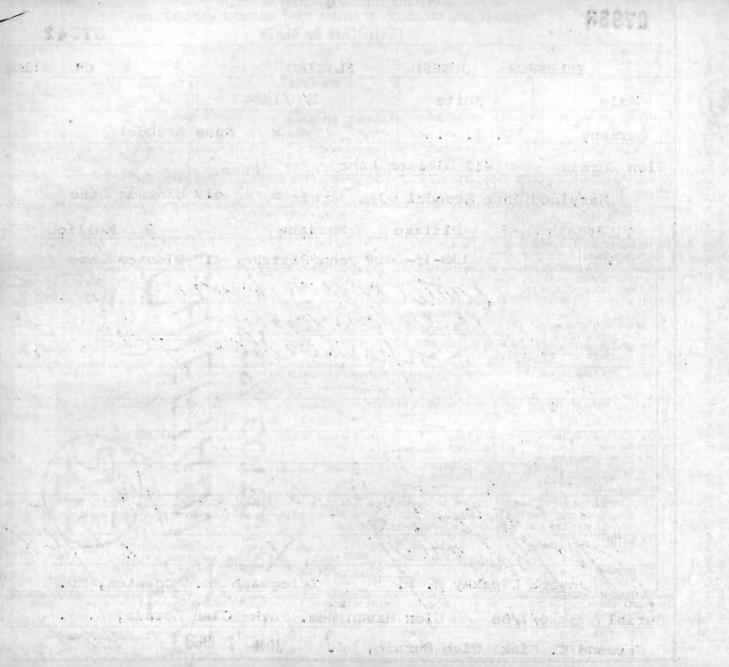


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07936 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last Middle 20. DATE OF DEATH 2b. HOUR (Type ar print) Marra Month Perry :45p M 6. AGE (In years lost birthdoy) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IE LINDER 24 TIRS MONTHS T OAYS HOURS Female pmpletely filled in by the ve carban papers. Pag event, within 72 haurs a 1986 Negro executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED | Unknown U.S.A. WIDOWED X Anne Arundel
120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Housewife INDUSTRY Crownsville State Hosp. Crownsville Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES V NO 1206 McCulloh Street Baltimore aryland 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost William J. Cephas requires that the death certificate be Millie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, ng. or unknown) None removal, Hospital Records, Crownsville, Maryland 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Myocardial insufficiency 10 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) Hypertensive cardio-vascular disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta b Chronic brain syndrome 19n. DATE OF OPERATION 119b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH
(If either, natify medical examiner) HOUR A.M. Manth Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while ot work 22a. I **certify** that (1) (this haspital) attended the deceased from 1/16 , 19.35 , to 6/15 , 19.68 , that (1) (we) lost sow the deceased alive on 6/15 , 1968 , and that in (my) (our) opinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF G. DEGREE 6/17/68 PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Charles R. Venter, M.D. Crownsville State Hospital, Maryland NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL, CREMATION, Maryland (State) REMOVAL (Specify) Baltimore Co. Arbutus Memorial Park 0 24. FUNERAL DIRECTOR 2Sb. Herbert E. Nutter-3035 W. North Ave. 30M REV. 1/88







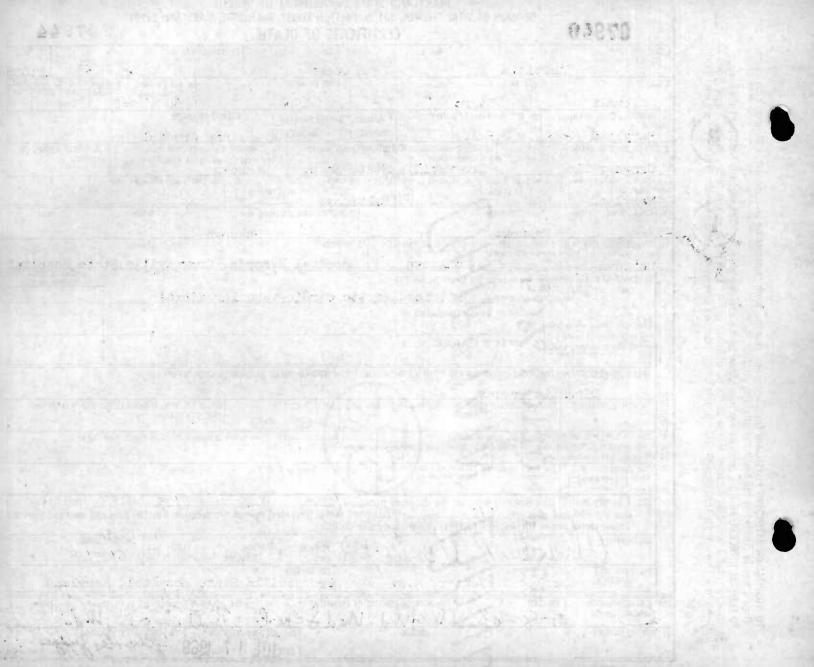


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	leath.	lo de la composição de			CEASED-NAME ype or print)	First E •		Middle Callende	er	PRESC C		2a. DATE OF	June June	15°9	1988	9:25 AM
	rificate be executed within 24 hours after death			3. SE)	Female		4. RACE White			5. DATE OF B	rch 1899)	6. AGE (In year last birthday)		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
•	4 hours	l in by ers. P 72 haur		7o. B	IRTHPLACE (Stote or foreign	7b.	CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RRIED 9.	COUNTY OF An	DEATH ine Arus	nde l		Md.
	vithin 2	cign and campletely filled in ease remave carban papers. and in any event, within 72 h	53		TY OR TOWN OF DEATH		11. NA give s Ani	ME OF HOSPITAL OR IN treet address ne Arunde	STITUTION (IF I	nat in haspital ty Hosp		CCUPATION HOUSE	(Kind of wark life even if ret	done ired.)	12b. KIND OF EINDUSTRY Home	BUSINESS OR
	cuted v	amplete ve cark event,	15	13o. odmi:	USUAL RESIDENCE (Where d	eceased	lived, if instituti	an: Residence befare	13c. CITY OF Rocky:		13d. INSIDE CITY LIMITS YES NO		REET AND NUME W. MOI		mery Av	re.
	pe exe	0	2		ATHER'S NAME First .llard F. Mir	nnicl	Middle	Lost	1		AIDEN NAME First Macklin		Mic	idle		Last
	flicate			16a. Ye	WAS DECEASED EVER IN U.S es, Nor unknown) (if ye	. ARMED s give war or		16b. SOCIAL SECURITY 220-36-55		INFORMANT Judge S	Stedman E	Presco	tt- It	ress em #	13	
		a Page			18. CAUSE OF DEATH (Ent	er anly a	ne cause per lin	e far (a), (b), and (c)	.)	0	- ' 0	1			APPROXIA	AATE INTERVAL SET AND DEATH
	ath	attending permit. The ian, ar rema			PART 1. DEATH WAS C	AUSED B'	1.	rebrol	Vascu	lon (1	coelous	1			19 ko	urs
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	the	the crisis particular			Canditions, if any, which g	gave)	(b) A	consectle	Seon						ank	weery
	that	ay t ans	34		rise to immediate cause stating the underlying co		DUE TO, OR A	CONSEQUENCE OF	1							
	res	ed 1 al-tr		5	last.		(c)									
	requi	en signed by the attending chysise burial-transit permit. Then per to burial, crematian, ar remaval,		N.	PART 2. OTHER SIGNIFICAN	T CONDIT	IONS CONTRIBUT	TING TO DEATH BUT N	IOT RELATED T	O THE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART 1(a)			
	The lay	te has been signed by use as the burial-tra alth priar to burial, cre	2	CERTIFICATION	19a. DATE OF OPERATION	19b. CON	IDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTO			YES, WERE FINE OF DEATH?	DINGS CO	NSIDERED IN CE	RTIFYING
				MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH	21b. TIME OF HOUR A.M. P.M.	Month Day Year		OW INJURY OC	CURRED (Enter no	ature af inju	ry in Port 1 or	Part 2, It	em 18.)	
	PHYSI	fer this certificate detached far			21d. INJURY OCCURRED While Not while at wark	21e. PLA	CE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. L	OCATION Stre	et or R.F.D. No.	City	or Town		County	State
	ING	fter be d state			22a. I certify that (I) (this l	rospital) - atte	ended the deceas	ed from_	6//			6/15		, that	
	END				saw the decease	ed alive bave.(I	an(did)	(did-net) view the	bady after	id that in (m death.	ny) (our) apinio	an death o	accurred an	the dat	e and haur	and fram the
		CO SE	3		22b. SIGNATURE	//	110		20		NC MCD		CTAFF	22c. D.	ATE SIGNED	
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	HO	direct Burn		23a.	BURIAL, CREMATION,	23b. DAT	B/68	23c. NAME OF Rocky		CREMATORY	2		N (City or Town		(County)	(Stote)
	01	5 0	1	-	FUNERAL DIRECTOR	6/18		ROCKE		Re-	2Sa. REC'D BY R		2Sb. REGI			
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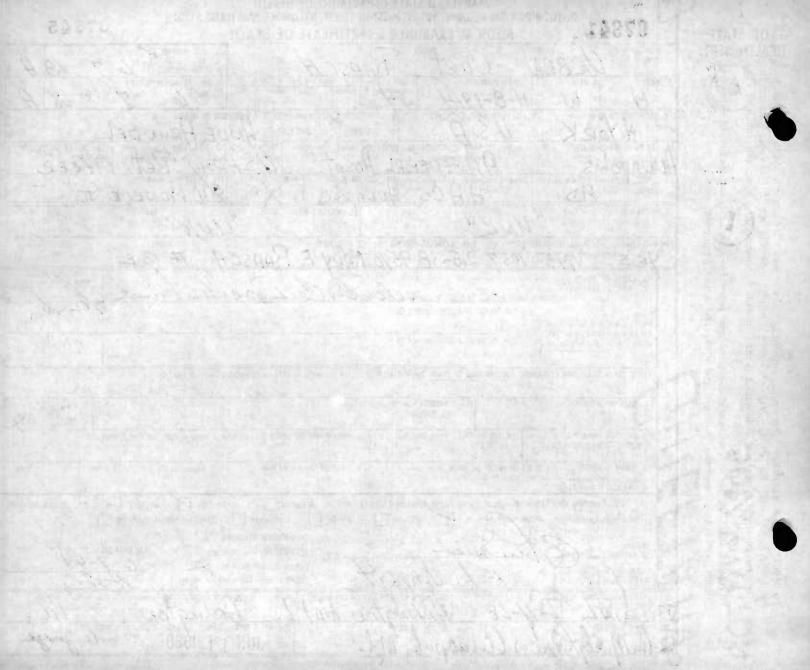
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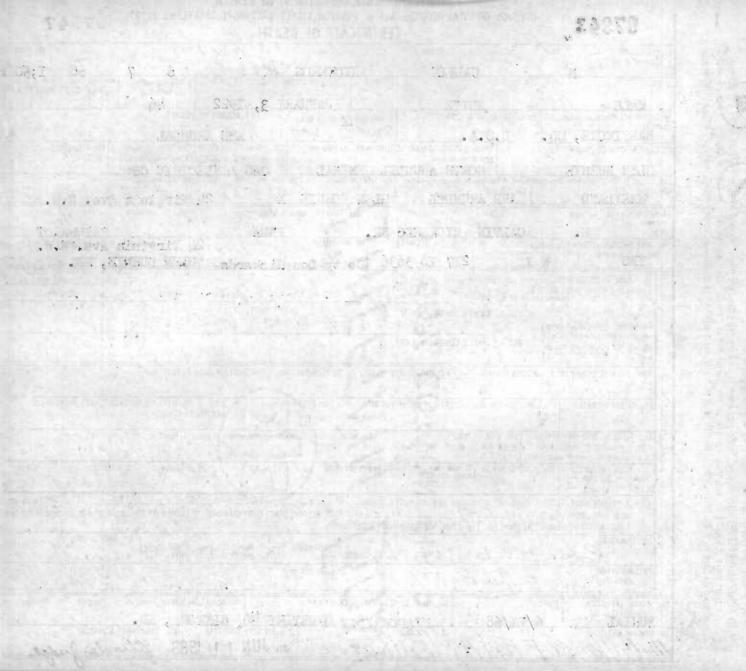


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A Company	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	45
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	710
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) Floor 1 Control Page 1. Deceased 1 Control	Year 2b. HOUR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CURL DAASCH DEATH MATED 67	188 H N
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manth Day Year	2d. HOUR
de and	M W 4-8-1914 54 yrs.	1868 H M
Dep ded	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AFFECT 9. COUNTY OF DEATH	The state of
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deoth re Poges with far the State		OF BUSINESS OR
the de	HUNAPOLIS HUNGEVERAL HOSPT. DUSTER OF SELECTION OF THE STREET OF THE	CER
4 0 0	130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before Rsc. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. SREET AND NUMBER Odmission) STATE 13b. COUNTY 13b	
N - O	DOMISSION) STATE PLD. 13B. COUNTY H. H. CO HUNAPOLIS YES X NO [810 MONEOE ST	,
hours Item 1 Torid	14. FATHER'S NAME First (Middle Lost S. MOTHER'S MAIDEN NAME First Middle	Lost
7 1 2 2	UNK" UNK"	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1000
hould be executed within word "pending" in pendil the Chief Medical Examine virol-tronsit permit. File page in ony event within 72 hours.	(Yes no orunknown) 1943-1957 215-38-9570 MARY F. BARSCH # 13 E	
F. F	ID. CAUSE OF DEATH (Little) unity one couse per fille ful (u), (b), onu (c).)	PPROXIMATE INTERVAL WEEN SHISET AND DEATH
executed anding" in Medical E t permit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Williams Carly Carly on which there is	
exe andi Me r pe	4/29 DUE TO, OR AS A CONSEQUENCE OF	ulle
be ex 'pend	Conditions, if ony, which gave	
vord vord ne Cf	rise to immediate couse (a), (b) stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "pelo the Chief of the Chief buriol-tronsit in ony ever	lost.	
s certificate should e, writing the word forworded to the Cl used as a burial-tra emoval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fico fing rde as al, a	4221	
its certificate, writing forword as used as removal,	9 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20.	AUTOPSY?
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)	YES NO DE
The filter of the formal of the forethe of the formal of the formal of the formal of the formal of t		
INER: 1 e certific should b files. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No. (ity or Town)	
	Carry of the state	State
EXAMINER: ute the certioned a should your files. Page 3 shou	WHILE NOT WHILE of foctory, office building, etc.)	
R. Pogor,	220. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry or	nd in my opinion
tal Branch	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
please e I director retoined L DIRECT	CHIEF MEDICAL EXAMINER	
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o DEPUTY Decessory, please execute the funeral director. Page 45 may be retained for your o Funeral Director. Page Health prior to burial, cren	NAME (Type) - Linhape ADDRESS(Street, city, town, or caunty)	- >
TO D the 5 m 70 FU	230. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY , 23d LOCATION (City & Town) (County)	(State)
	BURIAL 6-11-18 Helington Not L. Helington	Va.
	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATUR	
VR A15ME (5) TOM REV. 1/68	Date JUN 1 1 1968 Charles	Judge
	The state of the s	



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		07942	DIVI		, 301 W. PRESTON STREET, B. CERTIFICATE OF DEAT		YLAND 21201	079	46
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ages 1 s after	3. SEX	Female	4. R	White	S. DATE OF BIRTH 5-14-24		6. AGE (In years last birthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN
	7o. BII countr	THPLACE (State or fore		U.S.A.	8. MARRIED M NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF Anne	Arunde]		Md.
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13)	13a. U admiss	SUAL RESIDENCE (Wher ion) STATE Md		d, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE Undel Jessu 155 🗆		EET AND NUMBER		
7	14. FA	THER'S NAME First	!,	Middle Last	15. MOTHER'S MAIDEN NAI	ME First	Middle	/	Last
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	(B. CAUSE OF DEATH (PART I. DEATH WA anditions, if any, whice ise to immediate coutating the underlying	h gave)	couse per line for (a), (b), and (c) SE (a) UE TO, OR AS A CONSEQUENCE O (b) UE TO, OR AS A CONSEQUENCE O	there of	hiver	n fall	PPROXIM BETWEEN ON	ATE INTERVAL ISET AND GEATH
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	Z [la. ACCIDENT WAS UN or contributing acau if either, natify medica	SE OF OEATH	P.M. TIME OF INJURY HOUR A.M. Month Day Yea P.M.	21c. HOW INJURY OCCURRED		y in Part 1 or Part 2,	Item 1B.)	
		Vald. INJURY OCCURRED	DIA DIACE		ACTORY.) 21f. LOCATION Street or R.F.D.	D. Na. City	or Town	County	State
		20. I certify that	nsed alive a	pitol) attended the deceo n we) (did) (did not) view the	19 () and that in (my) (our)	19 <u>6</u> , to opinion deoth o	ccurred on the d	ote ond hour o	(I) (we) lost and from the
		2b. SIGNATURE Scull 2d. PHYSICIAN'S	ermo.	De Jenson	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	DATE SIGNED	ie
		NAME (Type)			sao, M. D. 7803				
	K	SURIAL, CREMATION, SEMOVAL (Specify) JUNEARL DIRECTOR	23b. DATE	20-68 Men ADDRES	Lawringe Me	23d. LOCATIO	N (City or Town)	(County)	(State)
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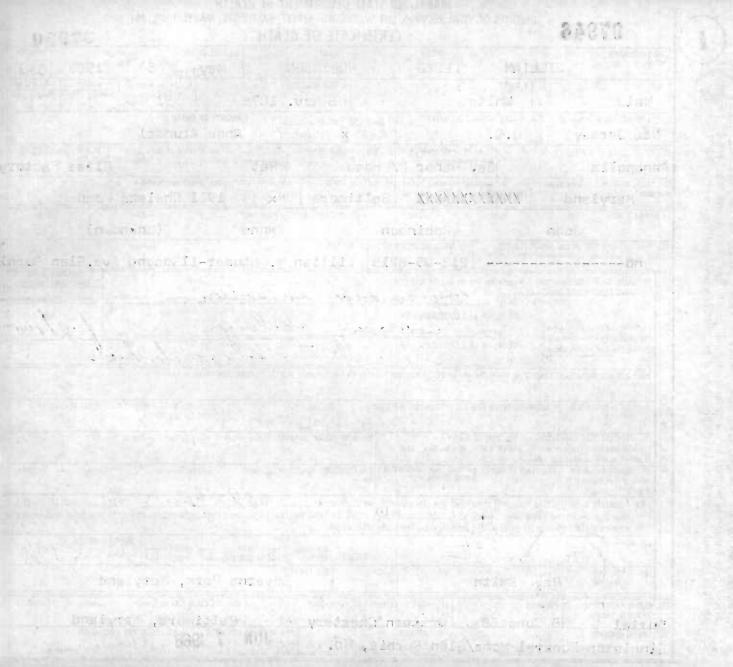
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1			07944	CERTIFICATE OF DEATH	07948
÷	- 2 - i	1.	DECEASED-NAME First		OF DEATH 2b. HOUR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	funeral 1 and 2 er death.	75	(Type or print)	m. Kluera	6 Month Day Com 319m
-	fun 1	3.	SEX 3. RACE	S. DATE OF BIRTH	6. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS.
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		11), CITY OR TOWN OF DEATH 11. NA/		ON (Kind of work done 12b. KIND OF BUSINESS OR
皇	大	53	HNA DPC/IC gives	reet address) NN FIR LINGE! HOSD DEDI: C	ng life, even if retired.) INDUSTRY
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ecu	and camplet remave car any event	-	1119, 1017	TITTY () DEVILLY D. HUR	IN EARE VIII FAVE
e ×	nd rem	1 1	I. FATHER'S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME, First	Middle Lost
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ate	Cid	1		16b. SOCIAL SECURITY NO. 17. INFORMANT	Address
	physician. signed by the attending physician and camplet burial-transit permit. Then please remave car burial, crematian, or remaval, and in any event,		Yes, no ar unknawn) (If yes give war or dates of service)	(WIFE) - MARIE B.	- SAME AS HBOUE
cert	her	F	18. CAUSE OF DEATH (Enter only one couse per line	for (a) (b) and (c))	APPROXIMATE INTERVAL
=	ding ren	-	PART I, DEATH WAS CAUSED BY:	10, 010	BETWEEN ONSET AND OEATH
ed	mil		4109 IMMEDIATE CAUSE (o)	VUII A	
e	aff per an			S A CONSEQUENCE OF	
÷	the sit		Candivans, if any, which gave rise to immediate cause (a),	ornay occur	n
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es:	al tra	a [last.	romany Hearth	reare of year.
· <u>=</u>	hys uric uric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	VEN IN PART I(a)
red	be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by le 3 should be detached far use as the burial-trailed with the State Dept. af Health priar ta burial, cre		49/11		
× :	din th		19a, DATE OF OPERATION 19b, CONDITION FOR WHICE	CH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b.	IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
9 .	by the haspital ar attending After this certificate has been be detached far use as the State Dept. af Health priar ta	1	190. DATE OF OPERATION 196. CONDITION FOR WHICE	Leat Leat	SES OF DEATH?
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ž.	l ar			INJURY 21c. HOW INJURY OCCURRED (Enter nature of in	ijury in Part 1 or Part 2, Item 18.)
3	音音音		(If either, natify medical examiner) P.M.	19	
YS	cer che pt.			AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC.	ity ar Tawn Caunty State
王	his eta De		While Nat while at wark	OFFICE BUILDING, ETC.	
9	e de		220. I certify that (I) (this hospitol) atte	nded the deceased from C P 19 CV to	6 - 7, 19 LD, that (I) (we) last
	Aft of Start		saw the deceosed alive on	7-28 19 (8, ond that in (my) (aur) opinion deat	h occurred an the date and hour and from the
N N	CTOR: A should with the	9	causes stated obave, (1) (we) (did) (did not) view the bady after death.	
A	etai Granda Seperati	-	22b. SIGNAPORE	10	22c. DATE SIGNED
~	dw dw	15	1 - 1 amsta	DEGREE PHYS. DIRECTOR C	STAFF PHYS. D 6-12-68
9	y b		ZZO. PHYSICIAN'S L. S.O. C. 11.13	22e. ADRESS	11113.
ITA	RAI Pe	1	NAME (Type)	PLEY HUNNING	LSC NI
TO HOSPITAL	Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta		DUDIN COLUMNIA TOOL DAYS	Too MANUTOF CENTERNY OF CENTATORY	TION (C) Y
H	Fu Fred Fred Fred Fred Fred Fred Fred Fred) 12	30. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE		ATION (City ar Tawn) (Caunty) (State)
5.	2 2 0	1	RUDIAL DO OL W	8 BATE OF HEAVEN CEM. LA	HEATON, MO.
	VR ATS 4V	7 3	4. FUNERAL DIRECTOR DEVOL	FUNDERSAL HOME 250. REC'D BY REGISTRAN	
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How W		07945		CERTIFICATE OF DEAT	TH	07949
H 2 H		CEASED-NAME Firs		Last	2a. DATE OF DEATH June Manth 9 Day 1	2b. HOUR 968 1:36A
e = = e		La	rl M.	ROBICHAU		
s after	3. 5	Male	4. RACE White	S. DATE OF BIRTH Jan. 29		UNDER 1 YEAR 15 UNDER 24 HRS. ONTHS DAYS HOURS MIN.
4 haurs d in by pers. Pe		BIRTHPLACE (State or foreign atry) 1255.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH HINE Arunde	/ Md.
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TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi	236 }	REMOTIANTSHEETHY)	19468 (A)	CEMETERY OR CREMATORY	Boston	(Caunty) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost requires that the death certificate be executed within 24 haurs after death. 2a. DATE OF DEATH 2b. HOUR Month 5 (Type or print) WILLIAM 1988 LLOYD ROBINSON 0 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR last birthday) CAYS HOURS Male White 6 Nov. 1876 in by director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. P should be filed with the State Dept. af Health prior ta burial, cremation, ar remayal, and in any event, within 72 had 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Jersey U.S. Anne Arundel WIDOWED X DIVORCED campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR dive thee Madress) during most of working life, even if retired.) Annapolis Home Factory 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) Maryland Baltimore YES 🖫 NO _ 1911 Chelsea Road 14. FATHER'S NAME and First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last John Robinson (Unknown) Anna attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 212-05-8215 Lillian M. Studer-11Second Ave.Glen Burni 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave ; rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE_OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔲 Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State Caunty While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 1965, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stoted obove, (I) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 224 DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS Severna Park, Maryland 22d. PHYSICIAN'S NAME (Type) Smith Rav 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Western Cemetery Baltimore, Maryland June 68 2Sa. REPOR 24. FUNERAL DIRECTOR REGISTRAR 1968 Sb. REGISTRAR'S SIGNATURE Michaeles Junga VR A15 (4) Singleton Funeral Home/Glen Burnie, Md. 30M REV. 1/68 DATE



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FOD CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07951
HEALTH DEPT.	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	
		Type or Print)	Day Year 2b. HOUR
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INER: This certificate should be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farmfiles. 3 should be used as a burial-transit permit. File pages land 2 with the State Dination, ar remayal, and in any event within 72 hours after death.		dmission) STATE MOO 13b. COUNTY AA GIEW BURNEYES X NO 108 FORE	ST ST.
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Ty black EXAMINER: y, please execute the certificated director. Page 4 shauld be retained for yaur files. AL DIRECTOR: Page 3 should priar to buriol, cremation,	è	WHILE NOT WHILE foctory, office building, etc.)	Sidie
AL EXAM execute the resecute the resecute the resecute the resecute the resecute the resecute to resecute the resecute r		22a. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry	, ond in my opinion
ex ex or.		death resulted troyn:// Notyrol causes , Accident , Suicide , Homicide Undetermined manner	
please explication.	1	CHIEF MEDICAL EXAMINER	
JTY blease e eral director be retained RAL DIRECTOR priar ta bu		ACTUAL COMPATURE 22b, DATE:	SIGNED
	/	EXAMINER'S E GOLD DEPUTY MEDICAL EXAMINER SO GOLD	4-68
		NAME (Type) L. KIWN PORCY ADDRESS (Street, city, town, or county) A. H.	CO.
0 4 4 2 D 4 7	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR hours after death (Type or print) Month Bessie Scanlon Leone June 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Female White Jan. 15, 1901 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U. S. A. Anne Arundel Baltimore. WIDOWED AT DIVORCED T requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done burial, cremation, ar remaval, and in ony event, within 12b. KIND OF BUSINESS OR give street address) North Arundel Genturing mast House if en if retired.) Glen Burnie INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Maryland 13b. COUNTY YES NO Anne Arundel Orchard 1016 Beach Promenade IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Henry Appel Annie 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Balto. Md.2122 Yes, ne or unknown) (If yes give war or dates of service) Mr. Robert A. Scanlon 1016 Beach Promenade 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! TO HOSPITAL OR ALLELY Page 4 may be retained by the nasy...

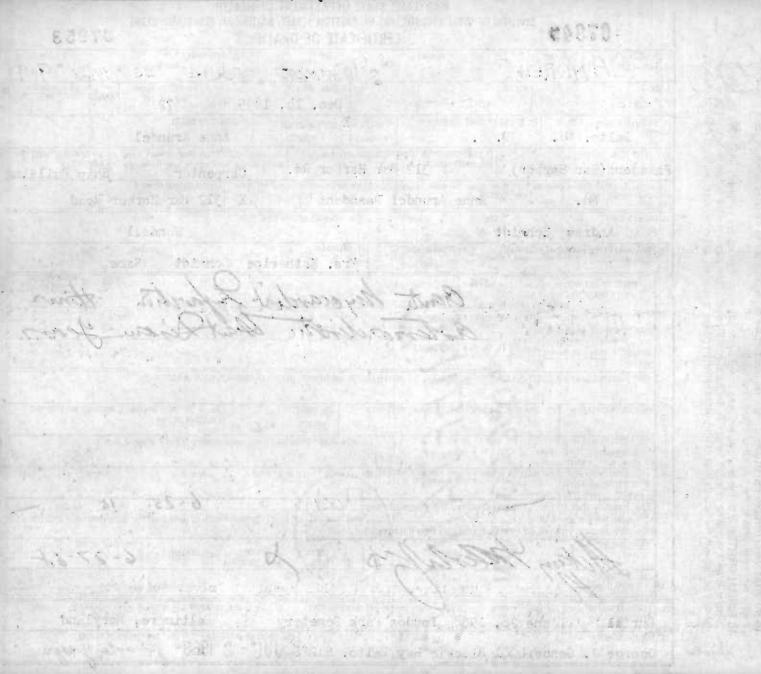
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24. FUNERAL DIRECTOR 6/8/68 Glen Haven Memorial Park Glen Burnie, Md. A. A. ADDRESS 237 Patapaco Ave. 21225

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1 in Paris		BIRTHPLACE (Stote or foreign ntry) Balto. Md. U. S.	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel Md.
within 2		city or town of death sadena(Bar Harbor) 11. NAME OF HOSPITAL OR I give street address) 312	Bar Harbor Rd. 12a. USUAL OCCUPATION (Kind of work dane during mass of working life, even if retired.) Carpenter 12b. KIND OF BUSINESS OR INDUSTRY Ship Building
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, creases		22b. SIGNATURE A Company The Signature 22d. PHYSICIAN'S 22d. PHYSICIAN'S	Degree ATTENDING MED. STAFF C 6-27-65
OSPITA INERA Ctar, p	220	NAME (Type) ilary T. O'Herlihy, BURIAL CREMATION. 23b. DATE 22b. NAME (M.D. 325 Hospital Drive, Suite 208, Glen Burni OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
D Page digital digital	L	Buria June 28, 1968 Loud	on Park Cemetery Baltimore, Maryland
VR A13 30M REV. 468	24.	George J. Gonce 4001 Ritchie Hw	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07950 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle lost 20. DATE OF DEATH 2h HOUR and 2 death. death, Month 23 Doy funeral (Type or print) John Seitz 1968 A. June 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after lost birtheay) Male White MONTHS HOURS Feb. 9, 1892 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Baltimore U.S.A. WIDOWED X DIVORCED [Anne Arundel filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR and in any event, within give street oddress) during most of working life, even if retired IND Retired Grocery Store INDUSTRY please remave carban Reviera Beach Roland Road 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary land 13b. COUNTY Baltimore 3810 Monterey Road YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Wisnoak John Sietz Rose 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 180 Roland Road Mrs. Edward O'Rourke APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? TO HOSPITAL OR ATTENDING INC.

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TO FUNERAL DIRECTOR: After this certificate ha

director, page 3 shauld be defached far use YES [NO TO far use Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 19 68 , that (I) (we) last 22a. I certify that (I) (this haspital) attended the deceased fram-4/12 . 19.68 . ta 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIANS 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) BREMOVAL (Specify) 6-26-1968 Baltimore, Maryland Holy Redeemer 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 2Sb. 1901-07 Eastern Ave. Lilly & Zeiler Inc. 30M REV. 1/68

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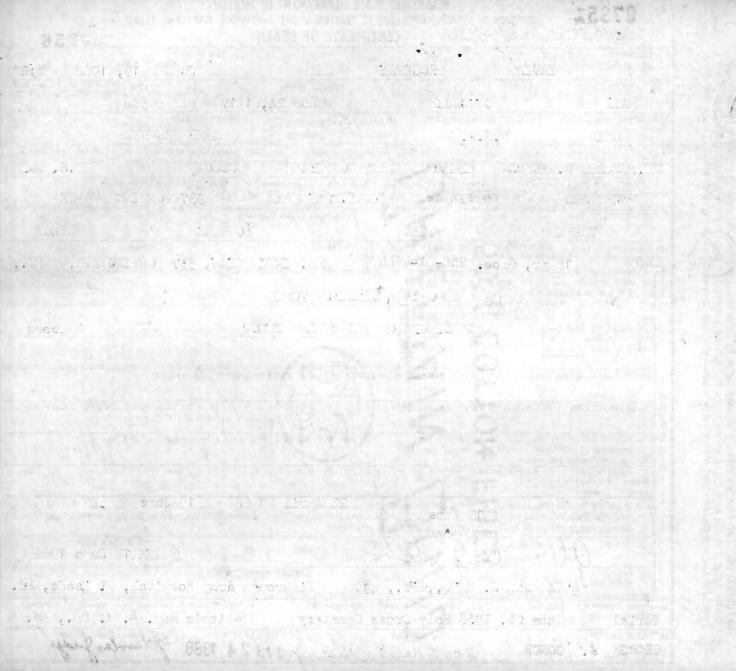
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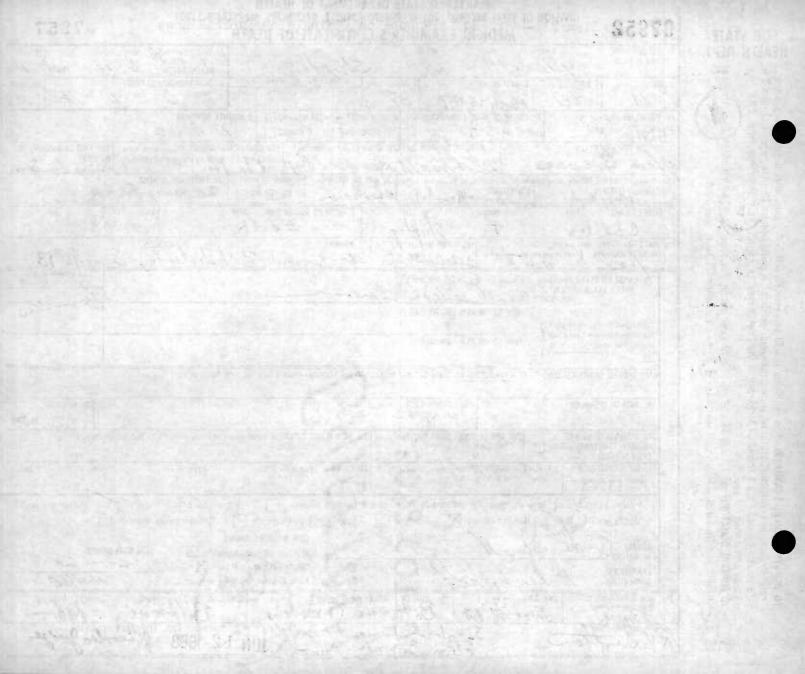
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1		07951. Item#5,FilmG	DIVISION	N OF VITAL RECORDS,	301 W. P	RESTON STREET, E	BALTIMOR			
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		ATHER'S NAME First TRUMAN		ddle Last SHAW		S. MOTHER'S MAIDEN NA		Middle ELLA	L	Lost YNCH
	16a. ▼	WAS DECEASED EVER IN U.S. AR	war or dates of ser	16b. SOCIAL SECURITY Nos. 268-01-48		INFORMANT MRS. IRV	IN SH	Address AW, 537 PONTIAC		BALT., 1
	N(Conditions, if any, which gave isset to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO	D, OR AS A CONSEQUENCE OF CARC INOMA. D, OR AS A CONSEQUENCE OF	OF TRA	S INOMATOS IS ANSVERSE CO O THE TERMINAL DISEAS	LON	ION GIVEN IN PART 1(0)	2 3	Cears
	CERTIFICATION			OR WHICH OPERATION WAS PE		2 3/44-05 20	0 🗆	20b. IF YES, WERE FINDINGS COI CAUSES OF DEATH? YES		ERTIFYING
	MEDICAL	21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DE. (If either, natify medical exam 21d. INJURY OCCURRED While Not while	ATH HOUR	TIME OF INJURY R.A.M. Month Day Year P.M. 15 IJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				e of injury in Part 1 or Part 2, Ite	m 18.) Caunty	Stote
		at wark at wark 22a. I certify that AIS (the saw the deceased)	his haspital		d from	22 April , d that in (my) (aur death.		ta 19 June, 19 death accurred an the date	68, that and haur te signed June	
7	23a.	BURIAL, CREMATION, 23b.	DATE	J. SABO, CPT.	EMETERY OR	CREMATORY	23d.	rmy Hospital, E	(County)	(State)
	24.	FUNERAL DIRECTOR EORGE J. GOI		1968 Holy Cr ADDRESS			C'D BY REGI			e .



FOR STATE	0	7952 Item 236 WEDICAL EXAMINER'S CERTIFICATE OF DEATH	07957
HEALTH DEPT.			Day Year 2b. HOUR
is ta ge af	(ype or Print) 91/6 ext L. Shiple 9 DEATH MATED 61	1 1968 A
delay is and 3 ta A3. Page	3. SI	La tid tal Margie Dave Margie Mile	2d. HOUR
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5		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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4 500 N	140.1		2
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d with pe Example Exam		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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be "pe "pe hief ansit		Conditions, if any, which gave rise to immediate cause (a), (b)	
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ite should be executed the ward "pending" i d ta the Chief Medical a burial-transit permit.		last. (c)	
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cer arw use	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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ine certifice shauld be files. 3 shauld I shauld I natian, ar		PRIMARY OR CONTRIBUTING HOUR A.M.	1 10.)
INE Be ce Shau files 3 sha atia	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City at Town	County State
		WHILE NOT WHILE TAT WORK AT WORK AT WORK	Jidio
ecut Pag ar y Ar. P.	15	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my apinior
ICAL E executar. Pa far CTOR: burial,		death resulted from: Natural causes X, Accident \(\), Suicide \(\), Hamicide \(\) Undetermined manner \(\)	7
irect aine tRE		CHIEF MEDICAL EXAMINER	
TY, please rad direct se retain RAL DIRE		ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
any nerry he ERA		EXAMINER'S DEPUTY MEDICAL EXAMINER 🗵 🗢	11-68
o DEPUTY DICAL EXAM necessary, please execute it the funeral directar. Page 4 5 may be retained far yaur o FUNERAL DIRECTOR: Page Health priar to burial, crem		NAME (Type) Linhard, ADDRESS(Street, city, town, or county)	ARCO.
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MARYLAND STATE DEPARTMENT OF HEALTH



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No.		ANAMA	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BA		
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ertificate be physician pen please aval, ond in	160. Y	WAS DECEASED EVER IN U.S. ARMET	O FORCES? 16b. SOCIAL SECUR or dates of service)	TY NO. 17. MORMANT A.	SM144 #1	3
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ICIAN: oital or tificate d for u	3	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Day Y P.M.	21c. HOW INJURY OCCURRED (Er	nter nature af injury in Part 1 ar Part	2, Item 18.)
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital or ottending DIRECTOR: After this certificate has been e 3 should be detached for use os the ed with the State Dept. of Health priar to	MEDI		ACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		No. City or Tawn	County State
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TTEN TOR: TOR: Hould th the		causes stated above,	(I) (we) (did) (did not) view t	he bady ofter death.		
OR A be ref		Maurie	OK Momme	EGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED
Page 4 may be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to		22d. PHYSICIAN'S NAME (Type) MAVR	KE F. KLAW	ANS 3/501	ITHGATEA	
O HOSPITAL Page 4 moy O FUNERAL director, pog	230.	BURIAL, CREMATION, 23b. DA	7-68 Sop	OF CEMETERY, OR, CREMATORY	22d LOCATION (City or Town)	(County) (State)
VR A15 (4) 30M REV. 1/68	21.	FUNERAL DIRECTOR	ADDR	ESS 250. REC'I	D BY REGISTRAR 1968 REGISTRA	RE SIGNATURE Jungan
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07959
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year 2b HOUR
is ta	(Type or Print) KARL (nmi) Stande DEATH MATED 6 29 OF PM
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ny delay is 2, and 3 ta PM3. Page pyfrment af	MONTHS DAYS HOURS MIN. Manth 6 Day 29 Year 6 PM
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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= 62 5	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
de d	9/en Burnie give street goditess) Arundel-Horp during most of working life, even if retired.) NOUSTRY John Harms & Asso
Give Ing Ih H	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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haurs Item 1 Office I ond 2 ofter	14. FATHER'S NAME First Middle Last 1s. MOTHER'S MAIDEN NAME First Middle Last
1.24 haurs after death I in Item 18. Give Pages er's Office alang with Tailings I ond 2 with the Sate lors ofter death.	Karl Staude Irene Long
	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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	And William Comments
in in the second	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROCEDURAL PROPERTY AND DEATH SEMICE OF DEATH (Enter anly one cause per line far (a), (b), ond (c).)
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d b d :: Chie rran y e	rise to immediate couse (a). (b)
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INER: This certificate shauld be executed e certificate, writing the word "pending" is shauld be forwarded to the Chief Medical files. 3 shauld be used as a burial-transit permitation, ar remaval, and in any event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
vriti var var ed ed	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20, AUTOPSY?
e, v forv forv eme	WAS PERFORMED? YES NO.
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R: ould author, and and	196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? YES NO. 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. CAUSE OF DEATH 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) **The County of the Primary of Injury o
NINE he ca sha sha file 3 sh natic	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
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L EXA ecute Page ar you R: Pag	220. I certify that I took charge of they emoins described obove, held on Autopsy , Inspection Inquiry ond in my opinion
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direction train	CHIEF MEDICAL EXAMINER
AL AL	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
Sary Sary Juner JER	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
O DEPUT necessary the funer 5 may be O FUNER Health p	NAME (Type) ADDRESS(Street, city, town, or county) A Size of the
5 + 2 5 H	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
· NO	Burial July 5,1968 Elen Haven Memorial Pk. Glen Burnie, Md.
130	24. FUNERAL DIRECTOR ADDRESS 2SO. REC'D BY REGISTRAR 2SD. RECISTRAR'S SIGNATURE
VR A15ME (5)** 10M REV. 1/68	Richard V. Singleton Glen Burnie, Md. off - 5 1068 golonles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

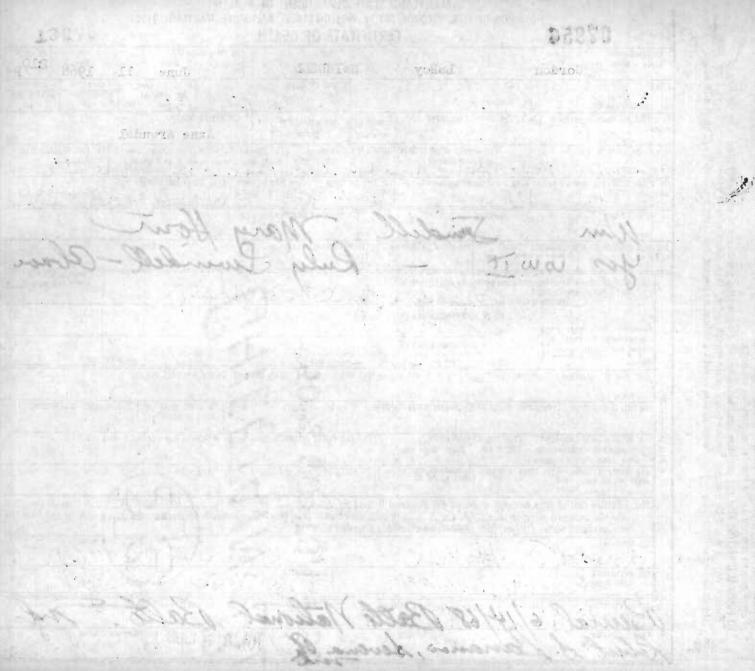
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07955 37980 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH and 2 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death uneral (Type or print) Month 320. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS OAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH illed in papers. country) DIVORCED NEWACK 1154 WIDOWED V campletely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Home MAKER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO Z YES 🗔 Fort Mendo any 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ANN Z46+11 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) -40-626 crematian, ar remava attending p 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), oad (c). APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, cremati Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ertificate has been si ed far use as the b . of Health priar to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗌 TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from. 19 68, and that/in (my) (our) opinion death occurred an the date and haur and from the sow the deceosed olive on_ be retained director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (and nat) view the bady ofter deoth. 22b. SIGNATURE 22c. DATE STGNED MAUNDEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 3 NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 4ZERNOCO 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 JUN 30M REV. 1/68 ton

MAKTLAND STATE DEPARTMENT OF HEALTH

THE STATE OF THE SECOND STATES 4 ASSET TO BE ASSET VINEAU TO BE ASSET

1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	07956 CERTIFICATE OF DEATH					07961	
	1. D	CEASED-NAME First	Middle	Last	20. DATE OF DEATH	Tal Haup	
24 havirs after death ed in by the funerat ppers. Pages 1 and 2 72 hours after death	(1	ype or print) Gordon	n LeRoy	SWINDELL	June 11	1968 210 _{P M}	
funer funer s 1 ar	3. 51	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
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へ 単七/	13a.		ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE YES	CITY LIMITS? 13e. STREET AND NUMBER	Proposed	
com com nave yy ev	14	ATHER'S NAME First	AA		- 17+4-130x 0401	AACON	
be ex and e rem in an	14.	FATHER'S NAME First	Middle	15. MOTHER'S MAIDEN NAM	me first	Last	
may be retained by the haspital ar attending physician. RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler, page 3 should be detached far use as the burial-transit permit. Then please remaye arbon per be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event, within		WAS DECEASED EVER IN U.S. ARA es, no, adunknawn) (If yes give w	MED FORCES? or or date Strangice) 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Puruled -	- above	
ne death cer attending p permit. The		1B. (AUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (c)	1 0 0 0	11-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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t the at the at sit per nation		Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF				
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requires ng physici en signed ne burial-t ta burial,	z	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)		
trendi as ber as the priar	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING	
at a d a d a d a d a d a d a d a d a d a	CERTI	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2, 1	tem 18.)	
pital pital rtifica af far	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Year ner) P.M. 1	9			
PHYSICIAN: The law re he haspital ar attending this certificate has been betached for use as the e Dept. af Health priar ta	W	21d. INJURY OCCURRED 21e. While Nat while at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.C). No. City ar Tawn	County State	
by the part of the		22a. I certify that (I) (th	is haspital) attended the deceos	ed from 1960,	19, to/_/_Od, 19_) opinion deoth occurred on the do	te and hour and from the	
TEN ined OR: auld the		couses stated obove	e, (I) (we) (did) (did not) view the	body ofter deoth.			
OR AT OR E retain on the control of		22b-SIONATURE	R. Hoelu	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 22c. I	DATE SIGNED	
AL CAL Page Page Pefile		22d. PHYSICIAN'S NAME (Type) Robe	vt R. HA HN	22e. ADDRESS P.O. Box	73 Severna	Porp	
TO HOSPI Page 4 n TO FUNER director, Shauld b	23a	BURIAL CREMATION, b.	DATE /14/69 23c. NAMES F	CEMETERA OR CREMITORY	LOCATION TO Y OF TO COLO	(State)	
M	24.	FUNERAL DIRECTOR	ADDRESS	95a. RE	C'D BY REGISTRAR'S	SIONATURE	
30M REV 1/68	1	about A.	Lanano, 4	Levena DATE	3011 + 4 100		

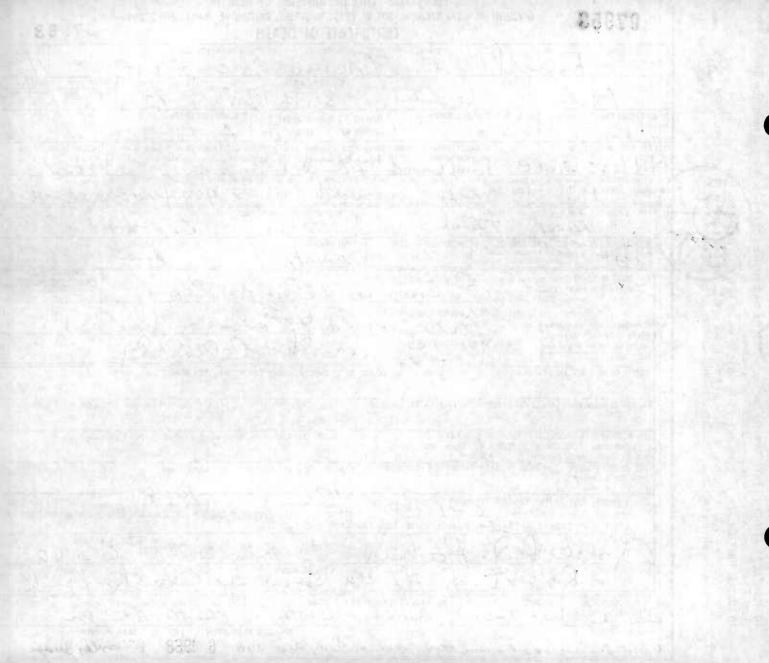


1			ALE DEPARTMENT OF F		
	07957	DIVISION OF VITAL RECORDS, 301		IMORE, MARYLAND 21201	
L		CERI	IFICATE OF DEATH		57962
1.	DECEASED-NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH Month 2 D	2b. HOL
	Nalph	Danner	laylor	8 Months 20	oy Year 68 8 A
4 .	SEX /	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS OAYS HOURS
	M	W	Peb. 5	1890 70 YRS	
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MA	RRIED NEVER MARRIED	9. COUNTY OF DEATH	,
	Marylana	,	OWED DIVORCED	Anne Arunde	
U	Edgewäter, M.	11. NAME OF HOSPITAL OR INSTITUTION OF STREET (Idd/ess) Box 28		AL OCCUPATION (Kind of wark done of of working life, even if retired.)	/ INDUSTRY
13	a. USUAV RESIDENCE (Where decease missian) STATE Marylan	A contract of the contract of	ITY OR TOWN 13d. INSIDE CITY LI		7 Edgewate, M.
4	. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		last
	GEDEGE	us Taulas	Red	+40	Cobbisons
16	O WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT,	Address	COPPISON
	Yes, no, drugknown) (If yes give v	var or dates of service) 9/3-30-04/2	EMILY C. TA	NLOR # 13	3
	18. CAUSE OF DEATH (Enter or	lly ane couse per line far (a), (b), and (c).)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSE	n old	thrombosis		1-2111111
	4109	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave	16) arterioseler	otic cardior	ascular Defeas	e 5 year
	rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	lost. 4201	(c)			
ı		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(o)	
N	Pulmonar	y Emphysema			
CEDTIENCATION	19a. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERFORM	ED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
DTIEL			YES NO D		
			21c. HOW INJURY OCCURRED (Enter	r noture af injury in Port 1 or Port 2	?, Item 18.)
MEDICAL	(If either, notify medical examination	ner) P.M. 19			
B.A.	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No.	. City ar Tawn	Caunty State
	at wark at work		AZ-01 - 2 - 12 - 12	71 . 71 . 0 .	0/8 4 . 0
	22a. I certify that (I) (th	is hospitol) attended the deceased fra live on June 2 1967	and that in (my) (cur) and	num double accurred on the	tota and hour and from
	couses stoted above	e, (I) (we) (did) (did not) view the bady	ofter death.	man decin accorred on the t	aore and noor ond from
	22b. SIGNATURE	(12)	ATTENDING /	220	c. DATE SIGNED
	Aylun	In Jun 9	DEGREE PHYS.	NED. STAFF PHYS.	June 2, 6
	22d. PHYSICIAN'S NAME (Type)	Ilvia M. / Lin	22e. ADDRESS R+/B	x 244 Edgen	rater, Md. 210
23	io. BURIAL, CREMATION, 23b.	DATE 23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City ar Jown)	(County) (Stote)
ſ	3 REMOVAL Spectry) 23b.	-4-68 MAYA ME	HORIAL	MAVO	H. MD.
2		ADDRESS	1- VA 0 250. REC'D B		'S SIGNATURE
	ohy M. 1976	3 How amopo	6, Mar JU	N 5 1968 xcc	corles judges

GEORGE W TAYLOR BERTHA Collisons 213-30-0412 EHILY CTAYLOR # 13. Many Ley 8. 2. 11. 1-4-18 My HEHIRIPLES 15190 . 1. 4 10 Her M. Fift of Champoon, Mill in will see in many

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07953 07963 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 24 hours after death. (Type ar print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF UNGER 24 HRS filled in by the lost bighday) MONTHS DAYS HOURS and campletely filled in by the carbon papers. Pagin any event, within 72 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA WIDOWED & DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR give_street address) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO NO 400 N 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last Middle ROBERT BETTY GENTRY Ф physician nen please 16b. SOCIAL SECURITY NO. an 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physidirector, page 3 shauld be detached far use as the burial-transit permit. Then plandly be filed with the State Dept. of Health priar to burial, crematian, ar remaval, attending phy-FAM APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital ar attending physician. stating the underlying cause: last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram. 60-1-100 saw the deceased alive an_ , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (and (did not) view the body after death. ATTENDING DEGREE PHYS. DIRECTOR PHYS TO HOSPITAL 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (State) (County) MOVAL (Specify) ADDRESS 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) JUN 30M REV. 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 07953 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2b. HOUR 1. DECEASED-NAME First 2a. DATE OF DEATH (Type or print) Juhe 25,1988 **TYDINGS** CRITTENDEN Ш. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years IF UNDER 24 HRS. after last birthday) DAYS HOURS White Dec. 26,1890 Male within 24 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED [Anne Arundel Baltimore. Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired. Co. Linthicum Shipley Rd. campleter be detached far use as the burial-transit permit. Then please remave carr State Dept. af Health priar to burial, cremation, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission STATE 13 COUNTY YES 🗀 NO 🔍 445 W. Linthicum Shipley Rd. Arunde] and 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle and First. Middle Last Last Warfield Crittenden Tydings Patience attending physician permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 214-05-0538-A Mrs. Garnett E. Tydings (wife) Same None 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

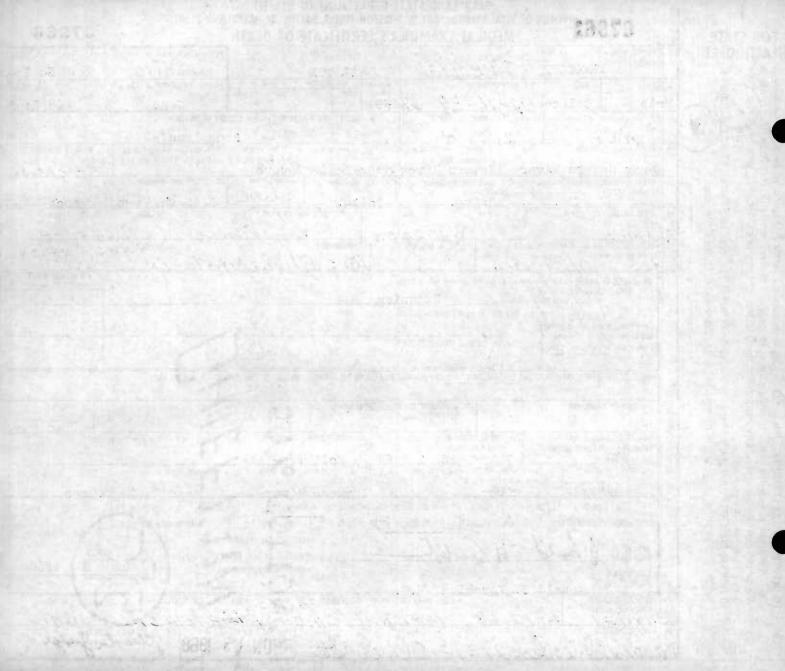
IMMEDIATE CAUSE (a) DUE TO, OR AS A-CONSEQUENCE OF Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO V YES -21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (1) (this hospitol) attended the deceased from 19 5, 10 5, 10 5, 10 19 5, 10 19 6 2 and that in (my) (our) apinion death occurred on the date and haur and from the directar, page 3 should should be filed with the couses stated obove (1) (we) (did) (did not) New the body ofter death SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS 22d PHYSICIAN'S 22e. ADDRESS John C. Healv rancis Ave.-Arbutus. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) Glen Burnie, Maryland 6/27/68 Glen Haven Memorial Pk. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles Judge DATEUN 27 1968 30M REV 9/68 Singleton Funeral Home Glen Burnie, Md.

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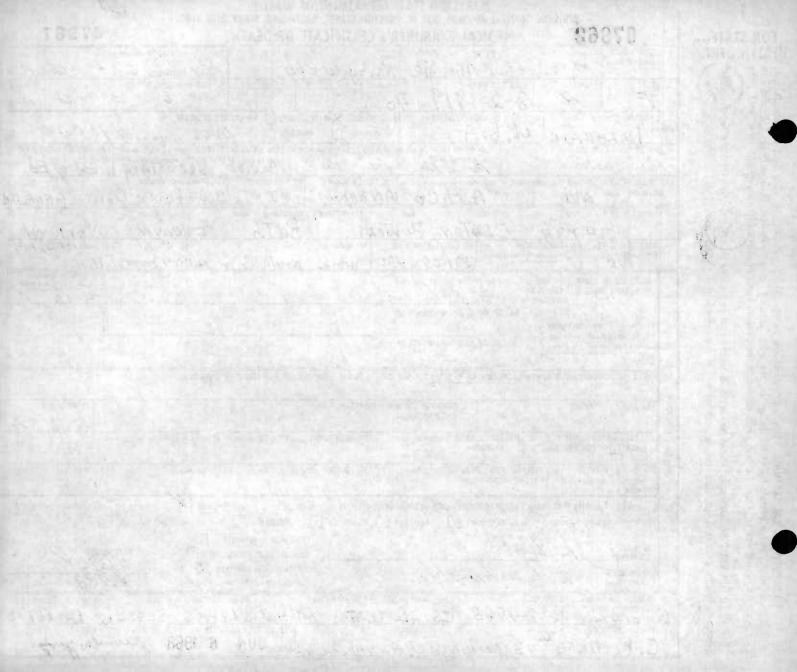
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eo H.		ECEASED-NAME First Lawret		Middle G.		ker Sr.	2a. DATE O	DEATH 27 Do	37965 y68 Yeor	2b. HOUR
s after of the fundamental specifier of the specifier of	3. 5	Male		hite		S. DATE OF BIRTH 4-11-01		6. AGE (In years less First aday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
4 hour d in by pers. P	CON	BIRTHPLACE (Stote or foreign arry)	76. CITIZEN OF V		WIDOWED			Arundel	MES	Md.
within 24 ely filled bon pape within 7.	G	len Burnie	give	NAME OF HOSPITAL OR street oddress)	undel	Hospital	UAL OCCUPATION most of working	(Kind of wark dane life, even if retired.)	12b. KIND OF B INDUSTRY	USINESS OR
completely ove carbon y y event, wi	13o. adm	USUAL RESIDENCE (Where deceonission) STATE aryland	lived, if institution in the line in the l	ution: Residence befar				REET AND NUMBER O Willia	am Rd.	
be exe n and c se remo		FATHER'S NAME First John W. Walke:		Lost		. MOTHER'S MAIDEN NAME Annie		Middle	Banno	lost
rtificote be physicion c en pleose eval, ond ii		. WAS DECEASED EVER IN U.S. ARI (es, no, or unknown) (If yes give v	MED FORCES? var or dates of service)	16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT rs. Carrie M	. Walke	r, Millers		1110
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages that the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defined.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI Canditions, if any, which gave rise to immediate cause (o).	D BY: ATE CAUSE (a) DUE TO, OR	AS A CONSEQUENCE C	we	Acat Has	Farlant Dis	lene		ATE INTERVAL SET AND GEATH
equires tho physician. signed by buriol-fran		stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR (c)	Senest	NOT RELATED TO	Avenore THE TERMINAL DISEASE OF	RECONDITION GIVE	N IN PART I(o)	- Je	m
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the buriol-transled with the State Dept. of Health prior to buriol, cre	CERTIFICATION	19a, DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO [CALISE	F YES, WERE FINDINGS (S OF DEATH?	CONSIDERED IN CEI	RTIFYING
iclan: pitol or rrificate ed for u of Healt	MEDICAL CER	210. ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	rh HOUR A.M ner) P.M	. Month Day Ye	or 19	OW INJURY OCCURRED (En		ry in Part 1 or Part 2,	Item 18.)	
G PHYS the hos this ce detoche	W	While Nat while at work	PLACE OF INJURY			OCATION Street ar R.F.D.		ar Town	Caunty	Stote
TTENDING ained by t OR: After nould be d		22a. I certify that (I) (the saw the deceased of causes stated above.	is haspital) at live an e, (I) (we)(did	tended the deced) (did nat) view th	sed fram _19 6£ , an e bady after	d that in (my) (aur) a death.	pinian death			(I) (we) last and fram the
TO HOSPITAL OR ATTENDII Poge 4 moy be retained by director, poge 3 should be should be should be filed with the St		22d PHYSICIAN'S NAME (Type)	Mire	2	DEGR	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. D	DATE SIGNED - Z 7 -	-64
TO HOS Poge 4 direct		REMOVAL (Specify)	DATE 5/29/68	Ceda	F CEMETERY OR		Ritch	ON (City or Town) ie ^H ighway		(Stote)
VR A13 (4) 30M REV 168	24.	Me Cully F.	=·H.237	Patapsco		21225 25g. REC'D	N 2 8 18	68 25b. REGISTRAR'S	SIGNATURE	Ma.

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**		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE	16.3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07966						
HEALTH DEPT	1. D	ECEASED-NAME First DY Middle Lost 2a. DATE KNOWNF Month	Doy Year 2b. HOUR						
is de of		Type or Print) THEODORE Theolia WALSTON DEATH MATED 6	9 19 58 2:445						
delay	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUP						
	Ma	ale Colored 12-16-39 322378s. Months OAYS HOURS MIN. Month June Day	9 Year 19 68 2:45M						
Edil		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
S S S S S S S S S S S S S S S S S S S	coun	N.C. Anne Arundel	Md.						
hin 24 hours after death nati in Item 18. Give Pages I niner's Office olong with formpages I ond 2 with the State hours after death.	10. 0	OTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR						
we le the		Near Severn River Severn River near Radio Towers	Strel Co.						
after olong olong with death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY							
24 hours after death in Item 18. Give Pagir's Office olong with ss lond 2 with the Sta		Md. Balto, Balto, 3010 Chelsen	Terrapek						
hours Item Office Iond 2	14. F	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last						
hin 24 ncil in niner's pages hours	4	AIRES WAISTON OINIA	cccett						
within pencil xamine ile page		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Western Control of the control of th	25 KINGTON						
with with pe Exan File		Yes 1954-1963 MOPS DIWIZ WAISTON	APPROXIMATE INTERVAL						
be executed "pending" in nief Medical E. ansit permit. F event within	1	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH						
executed nding" ii Medical permit.		IMMEDIATE CAUSE (o) Drowning							
pen ef N isit		ODUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)							
ould b	100	rise to immediate cause (a), (b)							
should be en word "per in the Chief buriol-transit in any ever		stoting the underlying cause DUE 10, OK AS A CONSEQUENCE OF							
te sh the d to o bu nd ii		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 4 should be forwarded to the Chief Medical Examiner's Office along with form riles. 8 Should be used as a buriol-transit permit. File pages lond 2 with the State smation, or removal, and in any event within 72 hours after death.	_	2.51							
certif , writ orwar used movo	ATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?						
This content of the c	CERTIFICATION	WAS PERFORMED?	YES NO						
The fico or or		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, It	rem 18.)						
INER: The certifice should be files. 3 should be nation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOURA.M. CAUSE OF DEATH 7 ? P.M. 6 2 19 68 Fell from boat							
he he share 3 s mat	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote						
		WHILE ONT WHILE TOCTORY, office building, efc.) AT WORK AT WORK River River near Radio	Towers Md						
LL EXA kecute Page for you DR: Pog		22a. I certify that I taak charge of the remains described above, held an Autapsy 💢, Inspection 🔲, Inquiry 🗀	, and in my apinian						
bleat EXA please execute director. Page retained for yo DIRECTOR: Pogo or to burial, cr		death resulted fram: Natural causes , Accident XX Suicide , Hamicide , Undetermined manner							
please e director retained DIRECT or to bu		CHIEF MEDICAL EXAMINER							
JITY, please erol direction be retain RAL DIRE		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE							
SSGT UND NER		EAAMINEK 3	ne 10, 1968						
TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health prid		NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)							
5 = = ~ 5 =	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 32/60. 23d. LOCATION (City or Town)	(County) (State)						
20	134	MINIA! 6-12-68 NATIONAL COMERTIN DA FINDER	NO do						
VR A15ME	2	FUNERAL DIRECTOR ADDRESS ADD	Cas Judge						
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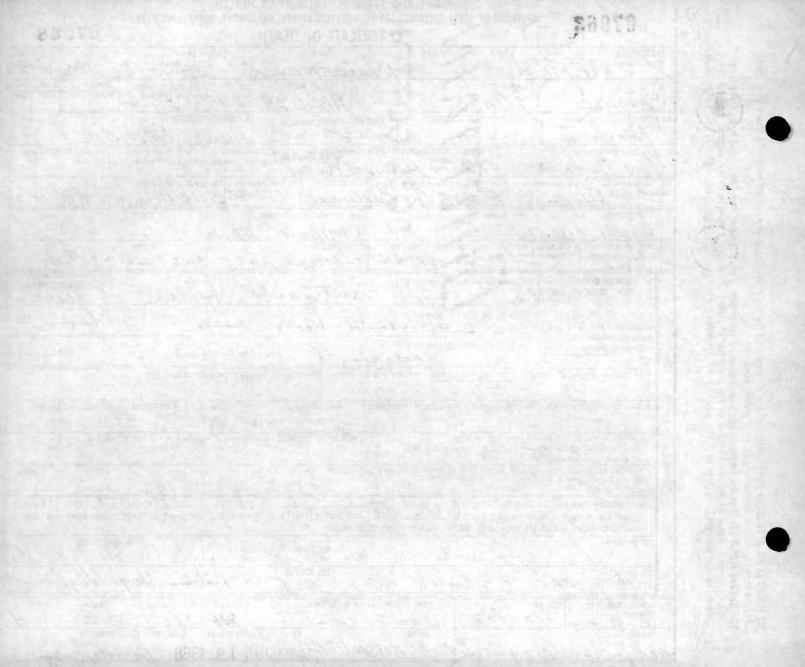


/ 1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
TOP CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	77064
FOR STATE		07962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01301
HEALTH DEPT.		IECEASED-NAME First Or Middle Last 2a. DATE KNOWN Manth Type or Print) OF ESTI-	Day Yeor 2b. HOUR
ay is Page		PIAR OEIET MATGIE KUGIFWEDD DEATH MATED 6	3 16 A M
y delay y and 3 PM3. Pa	3. S	EX	Year A M
200		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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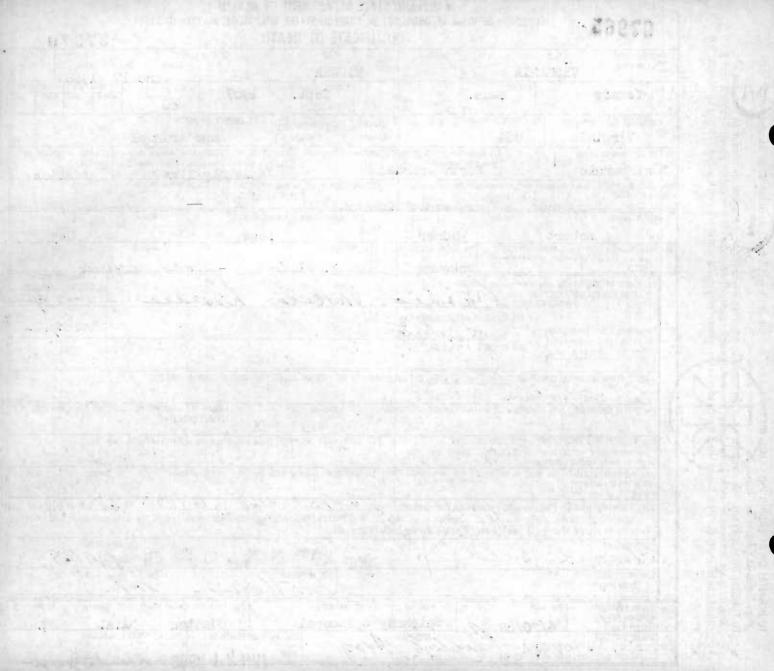
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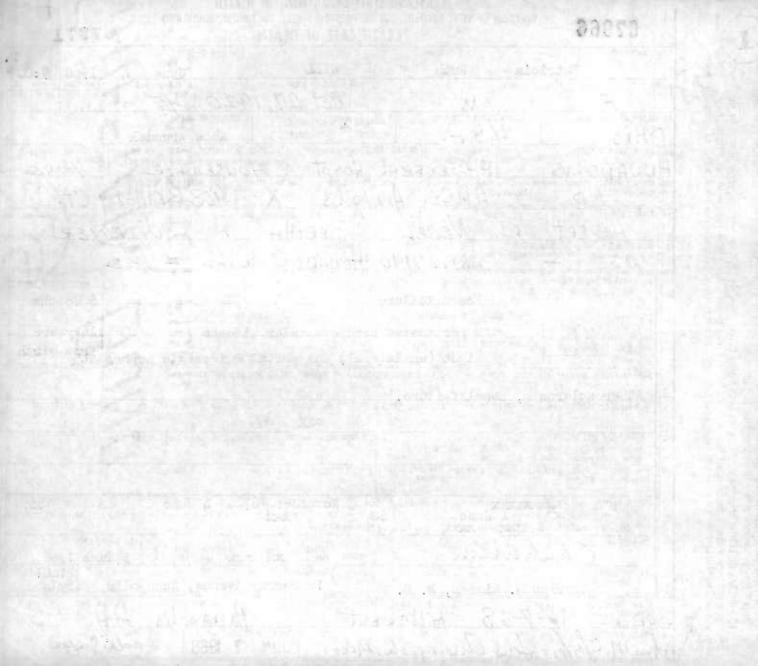
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MARYLAND STATE DEPARTMENT OF HEALTH



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1796 VIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37372 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Month (Type or Print) ESTI FUdor A DEATH MATED delay AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Doy Yeor 61 YRS 7o. BIRTHPLACE (Stote or foreign Dep MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED Give Pages the State OR TOWN OF DEATH after death with 10. CITY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITT LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO 179 YES 🗌 24 haurs in Item 18 offer 14. FATHER'S NAME Middle First Last 1S. MOTHER'S MAIDEN NAME First Middle 0 4 should be farwarded to the Chief Medical Examiner's haurs pages pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no. or unknown) (If yes give war or dates of service) 0100 File .⊑ within APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one couse per line for (o) to, and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 OS removal, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, pe YES [or 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE please execute AT WORK AT WORK burial, 220. I certify that look charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion director. death resulted from Natural couses Accident | Suicide Undetermined monner Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) ADDRESS(Street, city, town, or county) the 0 BURIAL, CREMATION 23b. DATI 23c. NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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within 24 filled son pope within 72	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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the second	odm	nission) STATE Said COUNTY AA LINIHICKON YES NO - 57+ FORKE	25T V/en
equires that the deoth certificate be exemply physicion. signed by the ottending physicion ond a buriol-tronsit permit. Then please rema buriol, cremotian, or removol, and in ony	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
be be se le		Chas. Edward Chromister Lolia Longest	
icate sicio plea I, an		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 2/7-22-0582 Edgar A - Wolfware	Samo
phy pen nen novo	-		APPROXIMATE INTERVAL
th calling rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ne deoth ottendi permit. ian, or r		IMMEDIATE CAUSE (o)	1 Mm -
the or		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
hat n. y th onsi		rise to immediate couse (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires that tl physicion. signed by the buriol-tronsit		last. (c)	D. A. Deservice
quir phys signe surio		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rng len sen se to be	Z	1530	
s be os t	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The of the part of	RTE	5/9/68 Sumon in abdomen YES NO X CAUSES OF DEATH?	
AN: ol o icote for Hea			em 18.)
SICI spirt eeriif led 1. of	MEDICAL	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
PHY be he he his e efect Dep		21d. INJURY OCCURRED While Not while of work of work of work of work of work of the state of the	County State
NG V th ter t tote		22a. I certify that (I) (this haspital) attended the deceased from 1952, ta 6/14 196	X , that (I) (we) lost
NDI Sed bed bed bed bed bed be Sid be		22a. I certify that (I) (this haspital) attended the deceased from, 1952, ta 6/14, 192 sow the deceased olive on1952, and that in (my) (our) opinion death occurred on the dat causes stated abave, (I) (we) (did) (did nat) view the bady after death.	e ond hour ond fram the
TV to the transfer of the tran			ATE SIGNED
DR A		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DI	114/69
AL O		22d. PHYSICIAN'S 22e. ADDRESS	01 50
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or otherding physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, creating the prior to buriol.	,	NAME (Type) 203 W. Maple Rd - Lant	the Course Mil
HO dge Fushou hou	230	b. Burial, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) REMOVAL (Serify) 6/18/68 Coder Hill Competence Ritchie ighway	(County) A. A. Co. Ho
5-5-6	04	REMOVAL(Spaify) 6/18/68 Cedar Hill Cemetery Ritchie "ighway FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S S	
VR ATS AN	24.	The PR OFF F 1 227 Paters and Arra 22 20 F	was Inda
		1 1000 1000	THE VALUE OF

W 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	0796 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN IT Month Day	Y Year 2b HOUR
.5 0 m \A	(Type or Print) OF ESTI- DEATH MATED 6 25	IN PM
deloy M3. Par men	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 Hrs 2c. DATE PRONOUNCED DEAD	2d-HOUR
y della, and PM3.	M 11-7-1998 19 YRS. MOITH & DOY 28	Yeor 1968 - M
Dep Dep	70. BIRTHPLACE (State or foreign 77b. CITIZEN OF (WAST COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED D	. Md
Pag Pag ith Sto		. KIND OF BUSINESS OR USTRY
ofter 8. Ging along with eoth.	13a. USUAL REPODENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY UNITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY	Crave.
hour Office 1 lond 2	14. FATHER'S NAME FIRST NIDER NIDER STATE OF STA	Lost
hinders pages hours	(Yes, no, or unknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TILL OF THE SECURITY NO. 17 INFORMANT ADDRESS TILL OF THE SECURITY NO. 18 INFORMANT ADDRESS TILL OF	wang)
be executed within the pending, in perfect i		APPROXIMATE INTERVAL
executed nating" in Medical. permit.	1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
e execut pending ef Medicc nsit permi	19/00 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	anden
be ex "pend hief M ansit p	Conditions, if any, which gave rise to immediate couse (a), (b)	
This certificate should be executed wi cate, writing the ward "pending" in perfect forwarded to the Chief Medical. Example used as a buriol-transit permit. File in removal, and in any event within 72.	stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
ertificote shaviting the worded to sed os o bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ifico ting ordec	1929	
is certificate slate, writing the forworded to the used as a burnernood, and it	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW JMJURY OCCURRED (Enter naturated injury in Port 1 or Port 2 Item 1	20. AUTOPSY?
This ficate to be for the formula or re-	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW WIURY OCCURRED (Enter notuce of injury in Port 1 or Post 2, Item 1	YES NO
生工 平。	PRIMARY OR CONTRIBUTING HOUR AM. AUSE OF DEATH P.M. 4 2 19 8 2 11 DOCTION Street or RED. No. City of Town.	2
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, WHILE NOT WHILE AT WORK AT WORK	aunty State
EXA ecute Poge or you R: Pog	220. I certify that Hook charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
DEPUTY SICAL EXAM scessary, pleose execute the e funerol director. Poge 4 moy be retained for your FUNERAL DIRECTOR: Poge eafth prior to buriol, crem	deoth resulted from Natural causes , Accident , Suicide , Homicide , Undetermined monner	and in my opinion
pleose pleose retained retained ior to b	ACTUAL CHIEF MEDICAL EXAMINER COL DAYS HOW	1.0
ry, pleosi ry, pleosi be retain RAL DIRE	SIGNATURE	IED/68
o DEPUTY SICA necessary, pleose extended the funeral director. 5 may be retained o FUNERAL DIRECTOR Health prior to burn	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or colonly)	03/10)
TO DEPL necessa the fun 5 moy TO FUNE Health	23g BURIAL CREMATION 23b DATE 23c NAME OF SEMETERY OR CREMATORY 23d LOCATION (Giv or Town) c	unty) (Stote)
	Burial 6/28/68 Gine Lawn mem. Jark Compapalis (2.9. mf.
VR A15ME (5)	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 270. REGISTRAR'S SIGN.	ATURE
10M REV. 1/68	Dieleam Leese, 11- Uning, Mot. OAJUN 27 1968 Charles	10

